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Debtor 1	David William Ewing		
	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
Inited States	Bankruptcy Court fo	r the: Western District of F	Pennsylvania
		19 200	28-GCT
Case number	(If known)	11-000	01-6101

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your ass Value of v	sets what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	150000
1b. Copy line 62, Total personal property, from Schedule A/B	\$	7060
1c. Copy line 63, Total of all property on Schedule A/B	\$	157060
art 2: Summarize Your Liabilities		
	Your lia	bilities you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	260927.92
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	38732.18
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$_	129789.03
Your total liabilities	\$	429449.13
Part 3: Summarize Your Income and Expenses		
		4200.23
	d.	1200.20
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	Ψ	

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Debtor 1

David William Ewing

First Name Middle Name

Last Name

Case number (if known) 19-20028-GLT

P	art 4:	Answer These Questions for Administrative and Statistical Records				
6.	12-12	ou filing for bankruptcy under Chapters 7, 11, or 13? You have nothing to report on this part of the form. Check this box and submit this for s	orm to the court with your other schedule	s.		
7.	What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. ✓ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.					
8.		the Statement of Your Current Monthly Income : Copy your total current monthly inc 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	come from Official \$	5212.92		
9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim						
	From	n Part 4 on Schedule E/F, copy the following:				
	9a. Do	mestic support obligations (Copy line 6a.)	\$ <u>0</u>			
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$38732.18			
	9c. Cla	aims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0			
	9d. Stu	udent loans. (Copy line 6f.)	\$104,432.47			
	9e. Ob	ligations arising out of a separation agreement or divorce that you did not report as ority claims. (Copy line 6g.)	\$0			
	9f. De	bts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0			
	9g. To	tal. Add lines 9a through 9f.	\$143,164.65			

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Debtor 1	David William Ewing			
Debior 1	First Name	Middle Name	Last Name	
Debtor 2	Constitution of the second			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for	the: Western District of P	ennsylvania	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1.1.	377 East Main Street Street address, if available, or other description	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? © 300,000 © 150,000		
	Fredonia NY 14063 City State ZIP Code		Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.		
		Who has an interest in the property? Check one. Debtor 1 only	one half fee simple estate		
	County	□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number: 9 acres hous			
If you					
	own or have more than one, list here:	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:	
	own or have more than one, list here: Street address, if available, or other description	□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home	the amount of any secure	d claims on Schedule D:	
		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of	d claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$ of your ownership	
		□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$	d claims on Schedule D: ms Secured by Property. Current value of th portion you own? \$ of your ownership simple, tenancy by	
	Street address, if available, or other description	□ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare	the amount of any secure Creditors Who Have Clair Current value of the entire property? \$ Describe the nature of interest (such as fee	d claims on Schedule D ns Secured by Property Current value of the portion you own? \$	

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1.	Street address, if available, or other description		What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
	Sheet address, if availab	e, or other description	Condominium or cooperative Manufactured or mobile home Land Investment property	Current value of the entire property?	Current value of the portion you own?
	City	ity State ZIP Code	☐ Timeshare ☐ Other Who has an interest in the property? Check one.	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.	
	County		Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	(see instructions)	mmunity property
			II of your entries from Part 1, including any entries		\$150,000
you ow	n that someone else drivers, vans, trucks, tractors	es. If you lease a vehicl	st in any vehicles, whether they are registered or a e, also report it on Schedule G: Executory Contracts a s, motorcycles		5
3.1	. Make:	Nissan	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	aims or exemptions. Put
	Model: Year:	Versa 2014 70,000	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Creditors Who Have Clair	
	Approximate mileage: Other information: purchased in 2015		☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	\$6000	\$6000
lf y	ou own or have more than				
2.2	da over or mave more than	n one, describe here:			
3.2	Make:	n one, describe here:	Who has an interest in the property? Check one. ☐ Debtor 1 only	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
3.2	34.401478b-44			the amount of any secure	d claims on Schedule D:
3.2	Make: Model: Year:		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	the amount of any secure Creditors Who Have Clair Current value of the	d claims on Schedule D: ns Secured by Property. Current value of the

Case 19-20028-GLT Filed 01/17/19 Entered 01/17/19 16:33:59 Doc 14 Document Page 5 of 71 David William Ewing Case number (if known) 19-20028-GLT Debtor 1 Last Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.1. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

☐ Check if this is community property (see instructions)	\$	\$	
	ies for pages	\$	6,000
	instructions)	instructions) wn for all of your entries from Part 2, including any entries for pages	instructions) wn for all of your entries from Part 2, including any entries for pages

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Debtor 1

David William Ewing

First Name Middle Name Last Name

Case number (if known) 19-20028-GLT

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☑ No ☐ Yes. Describe...... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... cell phone 50 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles M No ☐ Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments M No ☐ Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No ☐ Yes. Describe...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No personal clothing 500 Yes. Describe...... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver M No Yes. Describe... \$ 13. Non-farm animals Examples: Dogs, cats, birds, horses M No ☐ Yes. Describe...... \$ 14. Any other personal and household items you did not already list, including any health aids you did not list ✓ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 550 for Part 3. Write that number here

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Debtor 1

David William Ewing

First Name

Last Name

Case number (if known) 19-20028-GLT

Part 4:

Describe Your Financial Assets

Do you own or have any	/ legal or equitable interest in	any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money you	ı have in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your petition	i
□ No ☑ Yes			s 10
		Gast	Ψ
		unts; certificates of deposit; shares in credit unions, brokerage ho aultiple accounts with the same institution, list each.	uses,
☐ No			
☑ Yes		Institution name:	
	17.1. Checking account:	Citizens Bank	\$ 500
	17.2. Checking account:		\$
	17.3. Savings account:	Sec	<u> </u>
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:	***************************************	\$
	17.9. Other financial account:		\$
	or publicly traded stocks investment accounts with broken Institution or issuer name:	erage firms, money market accounts	
			\$
			\$
			\$
19. Non-publicly traded an LLC, partnership,		rated and unincorporated businesses, including an interest	in
☑ No	Name of entity:	% of ownership	c ·
Yes. Give specific information about			\$
them			\$
		U70 %	\$

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Debtor 1

David William Ewing

TVICE VVII	nam Ewing		
st Name	Middle Name	Last Name	

Case number (if known) 19-20028-GLT

Negotiable instruments	orate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.	
Non-negotiable instrum	ents are those you cannot transfer to someone by signing or delivering them.	
✓ No ☐ Yes. Give specific	Issuer name:	
information about them		\$
		\$
		\$
21. Retirement or pension Examples: Interests in I	accounts RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	s
☑ No	to a control process, to the control process of process	•
Yes. List each account separately.	Type of account: Institution name:	
	401(k) or similar plan:	\$
	Pension plan:	\$
	IRA:	\$
	Retirement account:	\$
	Keogh:	\$
		\$
	0. P0000	
	Additional account:	\$
	deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric:	\$
	Gas:	\$
	Heating oil: Security deposit on rental unit:	\$
	Prepaid rent:	\$
	Telephone:	\$
	Water:	\$
	Rented furniture:	\$
	Other:	\$
		Ψ
The state of the s	or a periodic payment of money to you, either for life or for a number of years)	
☑ No		
☐ Yes	Issuer name and description:	c
		\$
		\$ \$
		-

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Debtor 1

David William Ewing First Name

Last Name

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Case number (if known) 19-20028-GLT

	account in a qualified ABLE program, or under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), and	529(b)(1).	
☑ No		
Yes Institu	ution name and description. Separately file the records of any interests.11 U.S.C. § 521(c)	:
	• • • • • • • • • • • • • • • • • • • •	
		\$
		\$
		S
		Ψ
25. Trusts, equitable or future interests exercisable for your benefit	s in property (other than anything listed in line 1), and rights or powers	
☑ No		
Yes. Give specific		
information about them		\$
mornatori about trem		7
26 Patents convights trademarks to	rade secrets, and other intellectual property	
	ebsites, proceeds from royalties and licensing agreements	
☑ No	,	
		1
Yes. Give specific information about them		S
miornation about them		X
07 Lineman franchines and other wa	nevel interwibles	
27. Licenses, franchises, and other ge	e licenses, cooperative association holdings, liquor licenses, professional licenses	
T. 7 1	e licenses, cooperative association nothings, liquor licenses, processional licenses	
☑ No		1
Yes. Give specific		c
information about them		\$
Money or property owed to you?		Current value of the
		portion you own? Do not deduct secured
		claims or exemptions.
28. Tax refunds owed to you		
☑ No		
 Yes. Give specific information about them, including wheth 	Federal: \$	<u></u>
you already filed the returns		<u> </u>
and the tax years	Local: \$	
29. Family support		
Examples: Past due or lump sum alir	nony, spousal support, child support, maintenance, divorce settlement, property settlemen	ıt
☑ No		
☐ Yes. Give specific information		
	Alimony:	\$
	Maintenance:	\$
	Support:	\$
	Divorce settlement:	\$
	Property settlement:	\$
30. Other amounts someone owes you	I	
Examples: Unpaid wages, disability in	nsurance payments, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans you made to someone else	
15-629	inheria ionite Lan illiano to collinguio acc	
☑ No		1
☐ Yes. Give specific information		\$
		1

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Debtor 1

David William Ewing

Middle Name

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31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance M No Yes. Name the insurance company Beneficiary: Surrender or refund value: Company name: of each policy and list its value ... 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. V No ☐ Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue M No ☐ Yes. Describe each claim..... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No No ☐ Yes. Describe each claim...... 35. Any financial assets you did not already list M No ☐ Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 510 for Part 4. Write that number here Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No ☐ Yes. Describe... 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices □ No Yes. Describe

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David William Ewing , 19-20028-GLT Debtor 1 Case number (if know 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No Yes. Describe. 41. Inventory ☐ No Yes. Describe 42. Interests in partnerships or joint ventures ☐ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ Yes. Describe...... \$ 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish ☐ No ☐ Yes.....

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Middle Name

Last Name

48. Crops—either growing or harvested		
□ No		
Yes. Give specific information		\$
49. Farm and fishing equipment, implements, machinery, fixtures	s, and tools of trade	
☐ Yes		\$
50. Farm and fishing supplies, chemicals, and feed		
☐ No ☐ Yes		
		\$
51. Any farm- and commercial fishing-related property you did n	ot already list	
Yes. Give specific information		\$
52. Add the dollar value of all of your entries from Part 6, includi for Part 6. Write that number here		\$0
Tot I die 0. White that humber here		
Part 7: Describe All Property You Own or Have	an Interest in That You Did Not List Above	•
53. Do you have other property of any kind you did not already li	ist?	
Examples: Season tickets, country club membership No		
Yes. Give specific information		\$
mornation		\$ \$
		g 0
54. Add the dollar value of all of your entries from Part 7. Write the	hat number here→	\$
Part 8: List the Totals of Each Part of this Form		
55. Part 1: Total real estate, line 2	-	\$150,000
56. Part 2: Total vehicles, line 5	\$6,000	
57. Part 3: Total personal and household items, line 15	\$550	
58. Part 4: Total financial assets, line 36	\$510	
59. Part 5: Total business-related property, line 45	\$	
60. Part 6: Total farm- and fishing-related property, line 52	\$	
61. Part 7: Total other property not listed, line 54	+\$	
62. Total personal property. Add lines 56 through 61	\$Copy personal property total	> + \$7,060
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$157,060

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Fill in this in	formation to ide	ntify your case:		
Debior 1	David William	Ewing		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	r the: Western District of Po	ennsylvania	
Case number	19-20028-GI	_T		☐ Check if this is ar
(If known)		THE STATE OF THE S		amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

		and approaudic custation, anno			
Pa	art 1: Identif	fy the Property You Claim	as Exempt		
1.	Which set of ex	kemptions are you claiming?	Check one only, even it	your spouse is filing with you.	
		iming state and federal nonban		U.S.C. § 522(b)(3)	
	You are claim	iming federal exemptions. 11 U	.S.C. § 522(b)(2)		
2.	For any proper	ty you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief	277 E. Main Ct	~150,000	TA - 12 500	11 USC 522(d)(5)
	description:	377 E. Main St.	\$ <u>150,000</u>	\$\frac{12,590}{100\% of fair market value, up to	
	Line from Schedule A/B:	1.1		any applicable statutory limit	
	Brief				11 USC 522(d)(2)
	description:	Nissan Versa	\$6,000	\$ 100% of fair market value, up to	
	Line from Schedule A/B:	3.1		any applicable statutory limit	78 1
	Brief	aall mhana	\$ 50	Π.	11 USC 522(d)(3)
	description:	cell phone	\$_50	\$ 100% of fair market value, up to	
	Line from Schedule A/B:	7		any applicable statutory limit	*
3.	Are you claimi	ng a homestead exemption o	f more than \$160,375?		
	(Subject to adju	stment on 4/01/19 and every 3	years after that for case	es filed on or after the date of adjustment.)
	☐ No				
	Yes. Did yo	u acquire the property covered	by the exemption within	1,215 days before you filed this case?	
	☐ No				
	☐ Yes				

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Debtor 1

David William Ewing

Name Middle Name

Last Name

Case number (if known) 19-20028-GLT

Part 2: Additional Page

	on of the property and line NB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief	personal clothing	s 500	- \$	11 USC 522(d)(3)
description: Line from	11	φ	■ 100% of fair market value, up to	
Schedule A/B:			any applicable statutory limit	
Brief description:	cash	\$10	J \$10	11 USC 522(d)(5)
Line from Schedule A/B:	16		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	checking account	\$500	ॼ॔ \$500	11 USC 522(d)(5)
Line from Schedule A/B:	17.1		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:	·		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	***************************************	\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	-	\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:	-		100% of fair market value, up to any applicable statutory limit	,

Case 19-20028-GLT D	oc 14 Filed 01/17/19 Entered 01 Document Page 15 of 71	/17/19 16:33:5	59 Desc Ma	in
Fill in this information to identify your case	e:			
David William Ewing				
Debitor 1	lame Last Name			
Debtor 2 (Spouse, if filing) First Name Middle N	Middle Name Last Name Last Name Last Name Last Name			
United States Bankruptcy Court for the:	Form 106D Check if this is an amended filing			
Case number 19-20028-GLT				
(If known)				41-44 (42-4)
				,g
Official Form 106D				
Schedule D: Creditor	First Name			
Yes. Fill in all of the information below.		Column A	Column B	
for each claim. If more than one creditor h	as a particular claim, list the other creditors in Part 2.	Do not deduct the	that supports this	portion
2.1 Community Bank, NA	Describe the property that secures the claim:	\$241,153.92	\$300,000	\$
Creditor's Name 5790 Widewaters Parkway				
Number Street	As of the date you file, the claim is: Check all that apply			
De Witt NY 13214				
City State ZIP Code	Unliquidated			
	■ Disputed			
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.			
Debtor 1 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			
Debtor 1 only Debtor 2 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)			
Debtor 1 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)			

6000 s

6000

12000

253,153.92

Last 4 digits of account number 0 2 8 1

As of the date you file, the claim is: Check all that apply.

An agreement you made (such as mortgage or secured

☐ Statutory lien (such as tax lien, mechanic's lien)

Describe the property that secures the claim:

2014 Nissan Versa

Contingent

☐ Disputed

■ Unliquidated

car loan)

Add the dollar value of your entries in Column A on this page. Write that number here:

Nature of lien. Check all that apply.

■ Judgment lien from a lawsuit

Other (including a right to offset)

Last 4 digits of account number

NC 27858

ZIP Code

 Check if this claim relates to a community debt

1424 E. Fire Tower Road

Street

Who owes the debt? Check one.

☐ Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim relates to a community debt

Date debt was incurred 2011

Creditor's Name

Greenville

Debtor 1 only

Debtor 2 only

Number

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Debtor 1

David William Ewing

9		
Middle Name	Last Name	
	Middle Name	Middle Name Last Name

Case number (if known) 19-20028-GLT

Part 1: Additional Page After listing any entries on this p by 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.3 New York State	Describe the property that secures the claim:	s6,125.00	\$300000	
Creditor's Name Dept of Taxation Number Street	377 E. Main St., Fredonia, NY	financia de la composito de la		
WA Harriman Campus	As of the date you file, the claim is: Check all that apply.	j.		
Albany NY 14225 City State ZIP Code	□ Contingent □ Unliquidated □ Disputed			
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number 0 0 3 3			
Capital One Bank NA	Describe the property that secures the claim:	s1,649	\$300000	5
800 Towers Crescent Drive Number Street	377 E. Main St., Fredonia, NY			
16th Floor	As of the date you file, the claim is: Check all that apply. Contingent			
Vienna VA 22182 City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) ☑ Judgment lien from a lawsuit □ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.4	Describe the property that secures the claim:	\$	\$	S
Creditor's Name Number Street				
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated			
Oily State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries	in Column A on this page. Write that number here:	\$7,774.00		
If this is the last page of your form, Write that number here:	add the dollar value totals from all pages.	\$260,927.92		

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Debtor 1

David William Ewing

First Name Middle Name I

Last Name

Case number (if known) 19-20028-GLT

Part 2	E Li	st Others to Be Notified	for a Debt	That You Already I	Listed
agency you have	is trying ve more	g to collect from you for a de	bt you owe to the debts that	someone else, list the you listed in Part 1, lis	debt that you already listed in Part 1. For example, if a collection creditor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to
Jei	remy N	/I. Smith, Esquire			On which line in Part 1 did you enter the creditor? $\frac{2.1}{}$
 Nam		, , , , , , , , , , , , , , , , , , , ,			Last 4 digits of account number 0 2 8 1
	0 Broa				
Num	nber DBox 2	Street 22222			
Alb	oany	A STATE OF THE STA	NY	12201	
City			State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
Nam	ne				Last 4 digits of account number
11			***		
Num	nber	Street			
-					
City			State	ZIP Code	
THE STATE OF					On which line in Part 1 did you enter the creditor?
Nam	ne				Last 4 digits of account number
Num	nber	Street			
-					
				710.0	
City			State	ZIP Code	
┙				319	On which line in Part 1 did you enter the creditor?
Nam	ne				Last 4 digits of account number 0 2 8 1
Num	nber	Street			
City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
Nam	ne			101T=2	Last 4 digits of account number
			_		
Num	nber	Street			
-			11-		
City	-		State	ZIP Code	
7			V. 200 A. 200 A.	30.1770 5007.000011	On which line in Part 1 did you enter the creditor?
Nam	ne				Last 4 digits of account number
INAII					East - digits of docount fidinger
Nun	nber	Street			
-					
City			State	ZIP Code	

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Fill in this in	nformation to ide	ntify your case:		
Debtor 1	David William	Ewing		
77 37 31 31 A	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court fo	r the: Western District of F	ennsylvania	
Case number	19-20028-GL	.T		☐ Check if this is an
(If known)				amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

	eded, copy the Part you need, fill it out, number to additional pages, write your name and case nu	the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of imber (if known).
Pa	rt 1: List All of Your PRIORITY Unsecure	ed Claims
	each claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the c	reditor has more than one priority unsecured claim, list the creditor separately for each claim. For a claim has both priority and nonpriority amounts, list that claim here and show both priority and claims in alphabetical order according to the creditor's name. If you have more than two priority Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
2.1	Internal Revenue Service Priority Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Last 4 digits of account number 6 1 9 7 \$ 7000 \$ 7000 \$ 0 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were
	Is the claim subject to offset? ☑ No ☐ Yes	intoxicated Other. Specify
2.2	Chatauqua County Dept of Finance Priority Creditor's Name Gerace Office Building Number Street 3 North Erie Street Mayville NY 14757 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 2 2 4 9 \$ 31,732.18 \$ 0 When was the debt incurred? 2017-18 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify

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Debtor 1

David William Ewing

Document

First Name

Middle Name

Document

David William Ewing

Document

Document

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Pa	rt 2: List All of Your NONPRIOR	RITY Uns	ecured Claims					
3.	Do any creditors have nonpriority uns No. You have nothing to report in thi Yes							
	List all of your nonpriority unsecured nonpriority unsecured claim, list the cred included in Part 1. If more than one cred claims fill out the Continuation Page of F	litor separa litor holds a	itely for each claim	. For each claim listed, identify wha	at type of clair	m it is. Do not	list claims alre	eady
							Total claim	
4.1	Alliance One Receivables			Last 4 digits of account number	6 2 X	Χ		240
	Nonpriority Creditor's Name				06/04/2018		\$	319
	4850 E. Street RD Suite 300			When was the debt incurred?	00/04/2010	_		
	Number Street Trevose	PA	19053					
	City	State	ZIP Code	As of the date you file, the claim	is: Check all th	at apply.		
				☐ Contingent				
	Who incurred the debt? Check one.			☐ Unliquidated				
	Debtor 1 only			☐ Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:			
	☐ At least one of the debtors and another			Student loans	roa olaliili			
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separ		nt or divorce		
	Is the claim subject to offset?	300 4 0 300 301 300		that you did not report as priority Debts to pension or profit-sharing		ar eimilar dahte		
	☑ No			Other. Specify collection acc	count	er sirriidi debis		
	☐ Yes							
4.2	Assoc. Credit Services	***************************************		Last 4 digits of account number	8 4 X	X	\$	103
-120	Nonpriority Creditor's Name			When was the debt incurred?	04/05/201	8		
	115 Flanders RD Suite 140							
	Number Street	NAA	01501	As of the date you file, the claim	is: Check all th	at apply		
	Westborough City	MA State	01581 ZIP Code		is. Oneon all u	асарріу.		
				☐ Contingent☐ Unliquidated				
	Who incurred the debt? Check one. Debtor 1 only			☐ Disputed				
	Debtor 2 only							
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:			
	At least one of the debtors and another			Student loans				
	☐ Check if this claim is for a commun	nity debt		 Obligations arising out of a separ that you did not report as priority 		nt or divorce		
	Is the claim subject to offset?			Debts to pension or profit-sharing	plans, and oth	er similar debts		
	☑ No			Other. Specify collection ac	count			
	Yes							
1.3	Alliance One			Last 4 digits of account number	0 6 8	_3	. 4	75.19
	Nonpriority Creditor's Name			When was the debt incurred?		_	\$	
	PO Box 3111 Number Street							
	Southeastern	PA	19398		! Ol!: -!! #	at a sale		
	City	State	ZIP Code	As of the date you file, the claim	is: Check all tr	ат арріу.		
	Who incurred the debt? Check one.			Contingent				
	Debtor 1 only			☐ Unliquidated☐ Disputed				
	Debtor 2 only			— extend				
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecu	red claim:			
		W 2 1544		☐ Student loans				
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separ that you did not report as priority		nt or divorce		
	Is the claim subject to offset?			Debts to pension or profit-sharing		er similar debts		
	✓ No ☐ Yes			Other. Specify Capital One	Collection a	acct.		
	La res							

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Case number (# known) 19-20028-GLT

Debtor 1

Last Name

listing any entries on this p	age, number the	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
Coast Professional, Inc.			Last 4 digits of account number 4 2 9 3	_{\$} 50,173.4
Ionpriority Creditor's Name			— When we she dold in some 40	
PO Box 2899			When was the debt incurred?	
lumber Street	LA	71294	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
			☐ Unliquidated	
Vho incurred the debt? Check	cone.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☑ Student loans	
At least one of the debtors and	danother		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
s the claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 	
No			Guiler, Specify	
Yes				
D-II			Last 4 digits of account number 3 9 X X	s 63
Collecto/EOS CCA			and the comprehensive	Ψ
800 Canal View Blvd. St	uite 130		When was the debt incurred? 01/02/18	
umber Street	aite 150			
ROchester	NY	14623	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	□ Contingent	
			☐ Unliquidated	
Vho incurred the debt? Check	cone.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
s the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify collection account	
No			Other. Specity collection account	
Yes				
) I'4 O D I		SHE HEALTH WAY	Last 4 digits of account number	\$76
Credit One Bank Ionpriority Creditor's Name			- :	
PO Box 98875			When was the debt incurred? 11/11/11	
lumber Street			_	
as Vegas	NV	89193	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	□ Contingent	
			☐ Unliquidated	
Vho incurred the debt? Check	cone.		☐ Disputed	
Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	€ 3/1.575.381. € 3 ^{2564.6} 5		☐ Student loans	
At least one of the debtors and	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
s the claim subject to offset?	170		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify credit card	
The state of the s			Other. Specify Grown Salar	
∕ No				

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David William Ewing

Document

Page 21 of 71 Case number (if known) 19-20028-GLT Debtor 1 Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.7 Last 4 digits of account number 6 9 2 6 Credence Resource Management LLC \$ 2,169.79 Nonpriority Creditor's Name When was the debt incurred? PO Box 1740 Number As of the date you file, the claim is: Check all that apply. Southgate MI 48195 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Rural Metro ambulance svc. Is the claim subject to offset? M No ☐ Yes 4.8 603 Last 4 digits of account number 0 3 X X **EOS CCA** Nonpriority Creditor's Name 12/17 When was the debt incurred? 700 Longwater Drive As of the date you file, the claim is: Check all that apply. Norwell MA 02061 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify collection account No No ☐ Yes 4.9 346.95 Last 4 digits of account number 5 2 1 9 First Source Advantage LLC Nonpriority Creditor's Name When was the debt incurred? PO Box 628 Number As of the date you file, the claim is: Check all that apply. NY 14240 Buffalo ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ✓ Other Specify collection account Is the claim subject to offset?

No No ☐ Yes Case 19-20028-GLT Doc 14 Filed 01/17/19 Entered 01/17/19 16:33:59 Desc Main Page 22 of 71 Case number (if known) 19-20028-GLT Document

Debtor 1

David William Ewing

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 5.0 Last 4 digits of account number 8 9 X X 420 IC System, Inc. Nonpriority Creditor's Name 06/01/16 When was the debt incurred? PO Box 64378 Number Street As of the date you file, the claim is: Check all that apply. Saint Paul MN 55164 ZIP Code State Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify collection No No ☐ Yes 5.2 10,348 Last 4 digits of account number JH Portfolio Debt Equity Nonpriority Creditor's Name When was the debt incurred? 5757 Phantom Drive, Suite 225 Street As of the date you file, the claim is: Check all that apply. Hazelwood MO 63042 State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify collection No No ☐ Yes 8,432 5.3 Last 4 digits of account number Kay Jewelers Nonpriority Creditor's Name 07/04/08 When was the debt incurred? 375 Ghent Road Number As of the date you file, the claim is: Check all that apply. Fairlawn OH 44333 ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify credit account Is the claim subject to offset? M No ☐ Yes

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Debtor 1	David Wi	lliam Ewing	Document	Page 23 of 71 Case number (if known) 19-20028-GLT
	First Name	Middle Name	Last Name	

r listing any entries on this p	age, number the	em beginning with 4.	4, followed by 4.5, and so forth.	Tota	al claim
Lending Club Corp			Last 4 digits of account number	\$	9,30
Nonpriority Creditor's Name 71 Stevenson Lane			When was the debt incurred? 08/14/13		
Number Street			As of the data you file the alaim is Check all that conty		
San Francisco	CA	94105	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	☐ Contingent☐ Unliquidated		
Who incurred the debt? Check	one.		Disputed		
Debtor 1 only					
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors and	another		Student loans		
☐ Check if this claim is for a	aammuuibu dabt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	community debt		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other. Specify loan		
¥ No ☐ Yes					
Macys		Name of the Part of the Control of t	Last 4 digits of account number 0 3 6 5	\$	63
Nonpriority Creditor's Name					
PO Box 9201			When was the debt incurred?		
Number Street	OU	45040	As of the date you file, the claim is: Check all that apply.		
Mason	OH	45040 ZIP Code	☐ Contingent		
	Julia		Unliquidated		
Who incurred the debt? Check	one.		Disputed		
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loans		
_			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
☐ Check if this claim is for a	community debt		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			☑ Other. Specify credit account		
☑ No ☐ Yes					
Lingharger Goggan Plair	2 Campon I	1 D	Last 4 digits of account number 7 1 8 7	\$	385.5
Linebarger Goggan Blair Nonpriority Creditor's Name	& Sampson i	_LF	07/04/08		
61 Broadway Suite 2600	Broadway Suite 2600		When was the debt incurred? 07/04/08		
New York	NY	1000644333	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Check	one.		☐ Unliquidated☐ Disputed		
Debtor 1 only	r 1 only		■ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other. Specify_tolls		
☑ No			and recognition where the		
☐ Yes					

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Debtor 1	David William Ewing		Document	Page 24 of /1 Case number (if known) 19-20028-GLT
	First Name Middle Name		Last Name	
Part 2:	Your NON	PRIORITY Uns	ecured Claims — Continu	ation Page
-				

Afte	er listing any entries on this page	, number the	em beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
5.7	Linebarger Goggan Blair &	Sampson		Last 4 digits of account number 6 3 1 3	\$99.2
	Nonpriority Creditor's Name 61 Broadway, Suite 2600			When was the debt incurred? 05/17/2016	
	Number Street New York	NY	10006	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and and ☐ Check if this claim is for a com Is the claim subject to offset?			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify tolls 	
	☑ No ☐ Yes				
8.8	Merrick Bank Group			Last 4 digits of account number	\$_2137.0
	Nonpriority Creditor's Name PO Box 9201			When was the debt incurred? 01/13/2012	
	Number Street Old Bethage NY 11804		11804	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
	Who incurred the debt? Check one	Who incurred the debt? Check one		☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only			Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and and			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a con	nmunity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes			Other. Specify Credit Account	
.9	NorthStar Location Services	e II C		Last 4 digits of account number 8 2 2 0	\$772.1
	Nonpriority Creditor's Name	s, LLO	41.	When was the debt incurred?	
	4285 Genesee Street Number Street			When was the dept incurred:	
	Cheektowaga	NY	114225	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only		ZIP Code	Contingent	
				☐ Unliquidated ☐ Disputed	
				☐ Disputed	
				Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans	
				Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a con	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other. Specify collection account	
	☑ No ☐ Yes				

Deploi	
	First

Official Form 106E/F

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Par	Your NONPRIORITY Unse	cured C	laims — Continu	uation Page	
Afte	r listing any entries on this page, nu	mber the	m beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
6.0	One Main Financial Nonpriority Creditor's Name			Last 4 digits of account number 4 9 0 2	\$_8,874.67
	PO Box 390905			When was the debt incurred?	
	Number Street Minneapolis	MN	55439 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community the claim subject to offset? ☑ No ☐ Yes	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify_Collection account	
6.1	Midland Funding			Last 4 digits of account number	\$_1,366.00
	Nonpriority Creditor's Name 2365 Northside Drive			When was the debt incurred? 08/19/2015	
	Number Street San Diego,	CA	92108	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and another☐ Check if this claim is for a commun	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify collection accounts	
6.1	Portfolio Recovery Associates		- Hoye Harden - Linder	Last 4 digits of account number	\$_11,387.Q
	Nonpriority Creditor's Name 120 Corporate Blvd. Ste 100			When was the debt incurred?	
	Number Street Norfolk	VA	23502	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that	
	lacksquare Check if this claim is for a commun	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes			Other. Specify collection accounts	

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Debtor 1

David William Ewing
First Name Middle Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	r listing any entries on this page, number the	m beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
6.3	Prosper Marketplace Inc.		Last 4 digits of account number	\$_6,632.00
	Nonpriority Creditor's Name 101 2nd St. Floor 15		When was the debt incurred? $08/06/2013$	
	Number Street San Francisco CA	94105	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		Mile Transaction	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit account	
	☑ No		Color Specify	
	Yes			
6.4	SUNY FCU		Last 4 digits of account number	\$ <u>497.00</u>
	Nonpriority Creditor's Name		When was the debt incurred? 04/27/2007	
	716 Maytum Hall Number Street		when was the dest incurred:	
	San Diego, CA	92108	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		 Student loans Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Charge off	
	✓ No		Other. Specify Charge on	
	Yes			
6.5	Synchrony Ponk/Caro Cradit		Last 4 digits of account number	\$_1,180.00
	Synchrony Bank/Care Credit Nonpriority Creditor's Name			
	PO Box 965036		When was the debt incurred?	
	Number Street Orlando FL	32896	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ✓ No ☐ Yes		✓ Other. Specify charge off	
	- Tes			

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Debtor 1

David William Ewing

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 6.6 Last 4 digits of account number 503 Synchrony Bank/JC Penney Nonpriority Creditor's Name 07/06/2008 When was the debt incurred? PO Box 965007 Number As of the date you file, the claim is: Check all that apply. Orlando 32896 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify charge off M No ☐ Yes 6.7 11237 Last 4 digits of account number Wells Fargo Bank Auto Nonpriority Creditor's Name 04/09/2013 When was the debt incurred? PO Box 29704 Number As of the date you file, the claim is: Check all that apply. 85038 Phoenix AZ State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only □ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? M No ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify tolls M No ☐ Yes

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Debtor 1

Middle Name

Last Name

After lis	ting any entries on this page, nu	mber the	m beginning with	h 4.4, followed by 4.5, and so forth.	Tota	al claim
5.6 Sv	nchrony Bank/JC Penney			Last 4 digits of account number	\$	503
	priority Creditor's Name	10		When was the debt insurred 3 07/06/2008	Ψ	
	D Box 965007			When was the debt incurred?		
Num	nber Street lando	FL	32896	As of the date you file, the claim is: Check all that apply.		
City	171117	State	ZIP Code	Contingent		
				☐ Unliquidated		
	o incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			To a of NONDDIODITY upon sured eleips		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
-	At least one of the debtors and another			Student loans		
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	Check if this claim is for a commun	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
ls t	he claim subject to offset?			Other. Specify_charge offf		
A						
	Yes					
.7] US	Department of Education			Last 4 digits of account number	\$	5425
Non	priority Creditor's Name			When was the debt incurred 2 10/21/2016		
PC	Box 60610			When was the debt incurred?		
Num				As of the date you file, the claim is: Check all that apply.		
	arrisburg	PA	17106			
City		State	ZIP Code	Contingent		
Wh	o incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only					
_	At least one of the debtors and another			 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that 		
	Check if this claim is for a commu	nity debt		you did not report as priority claims		
	he claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify 		
3	AND REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O			Other Specify		
	Yes					
.7					\$	1123
	ells Fargo Bank Auto			Last 4 digits of account number		
	priority Creditor's Name			When was the debt incurred? 04/09/2013		
Sec. 13	Box 29704			- When was the dest mounted.		
	nber Street	AZ	5038	As of the date you file, the claim is: Check all that apply.		
City		State	ZIP Code	Contingent		
				☐ Unliquidated		
Wh	o incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			The Chicago of the Ch		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
ш	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
ls t	the claim subject to offset?			Other. Specify		
Ø						
	Yes					

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Document

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For

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Debtor 1

David William Ewing

	_		ā.	-	
P	а	ш	s	3	

List Others to Be Notified About a Debt That You Already Listed

US Department of Educa	ation		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 61 Forsyth St. SW Suite	10740		Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street	13/40		Part 2: Creditors with Nonpriority Unsecured Claims
Atlanta	GA State	30300 ZIP Code	Last 4 digits of account number 4 2 9 3
	State	Zir Code	
Vincent W. Horrigan			On which entry in Part 1 or Part 2 did you list the original creditor?
3 North Erie St			Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured
			Claims
Mayville	NY	14757	Last 4 digits of account number 2 2 4 9
Sity	State	ZIP Code	East 7 digits of account nulliber
Barbara J. Widrig			On which entry in Part 1 or Part 2 did you list the original creditor?
7 North Erie Street			Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			☑ Part 2: Creditors with Nonpriority Unsecured
		-	Claims
Mayville	NY	14757	Last 4 digits of account number 2 2 4 9
ity	State	ZIP Code	
			On which entry in Part 1 or Part 2 did you list the original creditor?
ame			1 (Obs.) D. D. 14 O. 15 - 24 D. 24 D. 25 D. 26 D. 27 D
lumber Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims
itv	State	ZIP Code	Last 4 digits of account number
	3,010		
ame			On which entry in Part 1 or Part 2 did you list the original creditor?
HOUSE			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			☐ Part 2: Creditors with Nonpriority Unsecured
			Claims
3/10			Last 4 digits of account number
ity	State	ZIP Code	Last 4 digits of account number
			On which entry in Part 1 or Part 2 did you list the original creditor?
lame			
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
			Last 4 digits of account number
ity	State	ZIP Code	
lame			On which entry in Part 1 or Part 2 did you list the original creditor?
			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
No.		710 0	Last 4 digits of account number
City	State	ZIP Code	

Case 19-20028-GLT

Debtor 1

David William Ewing

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	38,732.18
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	7
	6e. Total. Add lines 6a through 6d.	6e.	\$	38,732.18
			Total claim	
Total claims	6f. Student loans	6f.	\$	104,432.47
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ \$	79,605.56
	6j. Total. Add lines 6f through 6i.	6j.	\$	184,048.03

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Fill	in this ir	formation to i	dentify your c	ase:	CONTRACTOR N			
Del	otor	David Willia		lle Name	Last Name			
	otor 2 ouse If filing)	First Name	Midd	lle Name	Last Name			
Uni	ted States	Bankruptcy Court	for the: Western	n District of P	ennsylvania			
	se number known)	19-20028-0	GLT					☐ Check if this is an amended filing
							_	amorided illing
Of	ficial F	Form 106	SG					
Sc	hedu	ule G: E	xecuto	ry Cor	ntracts and	d Un	expired Leases	12/15
infor	mation. I		s needed, cop	y the addition	onal page, fill it out, n		, both are equally responsible for the entries, and attach it to this pa	
1.	No. C		and file this form	n with the cou	irt with your other sche		ou have nothing else to report on the on Schedule A/B: Property (Official	
2.	List sepa	rately each pe , rent, vehicle	rson or comp	any with who	om you have the con	tract or le	lease. Then state what each continuation booklet for more examp	ract or lease is for (for
	Person o	or company wi	th whom you	have the con	tract or lease		State what the contract or lease	e is for
2.1								
2.1	Name					-		
	Number	Street		-0		_		
	A TOP STATE OF THE	Street						
_	City		State	ZIP Code				
2.2	Name				7 H	_		
						_		
	Number	Street						
2.3	City		State	ZIP Code		_		
2.3	Name		****			_		
		Ct t		1.00	28700 765	_		
	Number	Street						
0.4	City		State	ZIP Code				
2.4	Name					_		
						_		
	Number	Street				_		
20.00	City		State	ZIP Code				
2.5	Name					_		
	ivanie					_		
	Number	Street						

State

ZIP Code

City

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Debtor 1	David William Ewing				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	r the: Western District of P	ennsylvania		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include vizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No. Yes. In which community state or territory did you live?	o you have any codebtors? ☑ No ☑ Yes	(If you are filing a joint case, d	lo not list either spouse as	a codebto	or.)
No. Go to line 3. No. Go to line 4. No. Go to line 3. No. Go to line 4. No. Go to line 5. No. Go to line 4. No. Go to line 5. No. Go to line 4. No. Go to line 5. No. Go to line 4. No. Go to line 5. No. Go to line 6. No. Go to lin	Vithin the last 8 years, have y				
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? No		siana, Nevada, New Mexico, I	Puerto Rico, Texas, Wash	ington, an	d vvisconsin.)
Yes. In which community state or territory did you live?		er spouse, or legal equivalent	live with you at the time?		
Name of your spouse, former spouse, or legal equivalent Number Street	☐ No				
Number Street State ZiP Code State ZiP Code	Yes. In which communit	y state or territory did you live	?	Fill in the	name and current address of that person.
Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on inchedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the d Check all schedules that apply: Richard Denea Executor of the Estate of Mark Denea Name Street Gowanda NY 14070 City Street Schedule D, line Schedule D, line Schedule D, line Schedule E/F, line Schedule G, line Schedule D, line	Name of your spouse, former s	spouse, or legal equivalent			
Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person hown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on chedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, inchedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the d Check all schedules that apply: Richard Denea Executor of the Estate of Mark Denea Name 25 North Chapel Street City Street NY 14070 City State City State ZIP Code Schedule D, line Schedule B, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line	Number Street				
Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on chedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the d Check all schedules that apply: Richard Denea Executor of the Estate of Mark Denea Name 25 North Chapel Street City Street NY 14070 City State ZIP Code Schedule D, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule E/F, line	City	State	ZIP Code		
hown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on ichedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, ichedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor					
Name Schedule D, line Z.1		6D), Schedule E/F (Official F	Contract the contract of the c		The state of the s
Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule E/F, line Schedule G, line Schedule G, line Schedule D, line Schedule E/F, line Schedule E/F, line Schedule G, line Schedule E/F, line Schedule G, line Schedule D, line Schedule D, line Schedule E/F, line Schedule E/F	chedule E/F, or Schedule G	6D), Schedule E/F (Official F	Contract the contract of the c	e G (Offic	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de
Number Street Gowanda NY 14070 Schedule G, line	Cchedule E/F, or Schedule G Column 1: Your codebtor Richard Denea Executo	5D), Sc <i>hedule E/F</i> (Official F to fill out Column 2.	orm 106E/F), or Schedul	e G (Offic Col	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply:
City State ZIP Code Name Schedule D, line Number Street Schedule E/F, line City State ZIP Code Name Schedule D, line Schedule E/F, line Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor	5D), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark	orm 106E/F), or Schedul	Col	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line 2.1
Name Schedule D, line Number Street City State ZIP Code Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street	SD), Schedule E/F (Official Fito fill out Column 2. Dr of the Estate of Mark	orm 106E/F), or Schedul	Coll	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line 2.1 Schedule E/F, line
Name Schedule E/F, line Number Street City State ZIP Code Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda	SD), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark I	Denea	Coll	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line 2.1 Schedule E/F, line
Schedule E/F, line Schedule G, line Schedule G, line Schedule G, line Schedule D, line Schedule E/F, l	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda	SD), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark I	Denea	Coll	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line 2.1 Schedule E/F, line
City State ZIP Code Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City	SD), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark I	Denea	Col	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
Name Schedule D, line Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City	SD), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark I	Denea	Coll Ch	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
Name Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Gowanda City Name	SD), Schedule E/F (Official Fito fill out Column 2. or of the Estate of Mark I	Denea	Coll Ch	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line
Name Schedule E/F, line	Column 1: Your codebtor Richard Denea Executor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City Name	SD), Schedule E/F (Official Fito fill out Column 2. Or of the Estate of Mark NY State	Denea 14070 ZIP Code	Coll Ch	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line
	Richard Denea Executor Richard Denea Executor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City Name	SD), Schedule E/F (Official Fito fill out Column 2. Or of the Estate of Mark NY State	Denea 14070 ZIP Code	Coll Ch	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule D, line Schedule D, line Schedule G, line
	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City Name Number Street City	SD), Schedule E/F (Official Fito fill out Column 2. Or of the Estate of Mark NY State	Denea 14070 ZIP Code	Coll Ch	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule E/F, line Schedule G, line Schedule G, line Schedule D, line
City State ZIP Code	Column 1: Your codebtor Richard Denea Executor Name 25 North Chapel Street Number Street Gowanda City Name Number Street City	SD), Schedule E/F (Official Fito fill out Column 2. Or of the Estate of Mark NY State	Denea 14070 ZIP Code	col	ial Form 106G). Use Schedule D, umn 2: The creditor to whom you owe the de eck all schedules that apply: Schedule D, line Schedule E/F, line Schedule D, line Schedule G, line Schedule D, line

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Fill in this information to identify	your case:			
Debtor 1 David William Ewi	ng			
First Name Debtor 2	Middle Name	Last Name		
(Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: \\ Case number 19-20028-GLT	vestern district of Pennsylv	ania	01 1 1/11	
Case number (If known)			Check if this An amen	
			☐ A supple	ment showing postpetition chapter 13
Official Form 106l				as of the following date:
Schedule I: You	r Income		MM / DD /	
		nie aus Elian tanathau (Dahta	- 4 d Dabta- (12/15
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the	ou are married and not filingse is not filings with you, of top of any additional pag	ng jointly, and your spouse is lo not include information ab	s living with you out your spous	i, include information about your spouse. e. If more space is needed, attach a
Fill in your employment		Debtor 1		Debtor 2 or non-filing spouse
information. If you have more than one job,		Debtor 1		Debtor 2 of Hon-Hilling spouse
attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		-		
Occupation may include student or homemaker, if it applies.	Occupation	Professor		
	Employer's name	University of Pittsburgh		
	Employer's address	4200 Fifth Avenue		
		Number Street		Number Street
		<u></u>		
		Pittsburgh PA	15260	City State ZIP Code
	How long amployed ther		Code	_
	How long employed ther	e: Zycais_		2 years
Part 2: Give Details About	Monthly Income			
spouse unless you are separated				\$0 in the space. Include your non-filing
If you or your non-filing spouse had below. If you need more space, at			ill employers for t	that person on the lines
		Fo	r Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sale deductions). If not paid monthly,		and the second s	3,512.92	\$
3. Estimate and list monthly over	time pay.	3. +\$	0	+ \$
4. Calculate gross income. Add li	ne 2 + line 3.	4. \$	3,512.92	\$

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Debtor 1

David William Ewing

First Name Last Name

Case number (if known) 19-20028-GLT

		For	Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$_	3,512.92	\$	
5. List all payroll deductions;					
5a. Tax, Medicare, and Social Security deductions	Fo	•	017 44		
A STATE OF THE PROPERTY OF THE	5a.	\$	917.44	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	0	\$	
5c. Voluntary contributions for retirement plans	5c.	\$	0	\$	
5d. Required repayments of retirement fund loans	5d.	\$	0	\$	
5e. Insurance	5e.	\$	0	\$	
5f. Domestic support obligations	5f.	\$	0	\$	
5g. Union dues	5g.	\$	0	\$	
5h. Other deductions. Specify: Pre-Tax Deductions	5h.	+\$_	95.28	+ \$	
6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$	1,012.69	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,500.23	\$	
8. List all other income regularly received:					
8a. Net income from rental property and from operating a business, profession, or farm					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	1700	\$	
8b. Interest and dividends	8b.	\$	0	\$	
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive		~		***************************************	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0	\$	
8d. Unemployment compensation	8d.	\$	0	\$	
8e. Social Security	8e.	\$	0	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	0	\$	
8g. Pension or retirement income	8g.	\$	0	\$	
8h. Other monthly income. Specify:	8h.	Ψ	0	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	1700	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	4,200.23	+ \$=	\$ 4,200.23
11. State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, you friends or relatives.			ents, your roo	mmates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are	not av	/ailable	to pav exper	nses listed in Schedule J	
Specify:			paj onpol	11. +	s0
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S					\$4,200.23
13. Do you expect an increase or decrease within the year after you file this	form?				monthly income
☐ No. ☐ Yes. Explain: I expect to maintain full time employment which	h will	resul	t in a \$500	/month net increase	

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Fill in this information to identify your case:			
Debtor 1 David William Ewing	Charle if this is		
First Name Middle Name Last Name Debtor 2	Check if this is:		
(Spouse, if filing) First Name Middle Name Last Name	— ☐ An amended f☐ A supplement		atition chanter 13
United States Bankruptcy Court for the: Western District of Pennsylvania		of the following	
Case number 19-20028-GLT	MM / DD / YYYY		
(ii diowi)			
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fill information. If more space is needed, attach another sheet to this form (if known). Answer every question.			
Part 1: Describe Your Household			
1. Is this a joint case?			
✓ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?			
 □ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for S 	eparate Household of Debtor 2.		
2. Do you have dependents?	D	Daniel de Ma	Dans demandant live
Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents'			☐ No ☐ Yes
names.		6	☐ Yes
			Yes
			☐ No
			☐ Yes
		<u> </u>	□ No □ Yes
			☐ Yes
			Yes
3. Do your expenses include expenses of people other than yourself and your dependents?			
Part 2: Estimate Your Ongoing Monthly Expenses			
Estimate your expenses as of your bankruptcy filing date unless you a expenses as of a date after the bankruptcy is filed. If this is a supplement applicable date. Include expenses paid for with non-cash government assistance if you	ental <i>Schedule J</i> , check the box at the		
such assistance and have included it on Schedule I: Your Income (Office		Your expens	ses
 The rental or home ownership expenses for your residence. Include any rent for the ground or lot. 	first mortgage payments and 4.	\$	1152.67
If not included in line 4:			
4a. Real estate taxes	4a.	\$	
4b. Property, homeowner's, or renter's insurance	4b.	\$	0
4c. Home maintenance, repair, and upkeep expenses	4c.	\$	0
4d. Homeowner's association or condominium dues	4d.	\$	0

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Debtor 1

David William Ewing
First Name Middle Name

Last Name

Case number (if known) 19-20028-GLT

			Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	0
	6b. Water, sewer, garbage collection	6b.	\$	0
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	36
	6d. Other. Specify:	6d.	\$	0
7.		7.	\$	400
8.	Childcare and children's education costs	8.	\$	0
9.	Clothing, laundry, and dry cleaning	9.	\$	120
10.	Personal care products and services	10.	\$	0
11.	Medical and dental expenses	11.	\$	0
12.	Transportation. Include gas, maintenance, bus or train fare.			150
	Do not include car payments.	12.	\$	100
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0
14.	Charitable contributions and religious donations	14.	\$	0
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0
	15b. Health insurance	15b.	\$	0
	15c. Vehicle insurance	15c.	\$	300
	15d. Other insurance. Specify:	15d.	\$	0
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: IRS	16.	\$	100
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	300
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other. Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	
19.	Other payments you make to support others who do not live with you. Specify: Alimony	19.	\$	2200
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	1400
	20b. Real estate taxes	20b.	\$	900
	20c. Property, homeowner's, or renter's insurance	20c.	\$	300
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0
	20e. Homeowner's association or condominium dues	20e.	\$	0

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Debtor 1	David William Ewing First Name Middle Name Last Name	Case number (if known) 19-20028-GLT
21. Oth	ner. Specify:	21. + \$
22. Cal	culate your monthly expenses.	
22a	. Add lines 4 through 21.	22a. \$7358.6
22b	. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$
220	. Add line 22a and 22b. The result is your monthly expenses.	22c. \$7358.6
23. Calc	ulate your monthly net income.	\$ 4,200.2
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$4,200.2.
23b.	Copy your monthly expenses from line 22c above.	23b. — \$ 7358.6
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$3,158.4
For	example, do you expect to finish paying for your car loan within the year or do you egage payment to increase or decrease because of a modification to the terms of you	expect your
1 N		

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Fill in this information to identify your case:		
Debtor 1 David William Ewing First Name Middle Name Last Name		
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name		
United States Bankruptcy Court for the: Western District of Pennsylvania		
Case number 19-20028-GLT (If known)		Check if this is an amended filing
Official Form 106Dec		
Declaration About an Individua	l Debtor's Schedules	12/15
You must file this form whenever you file bankruptcy schedules or ame obtaining money or property by fraud in connection with a bankruptcy years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
Sign Below		
Sign Below Did you pay or agree to pay someone who is NOT an attorney to he	lp you fill out bankruptcy forms?	
	Ip you fill out bankruptcy forms? Attach Bankruptcy Petition Preparer's Notice, Declaration Signature (Official Form 119).	on, and

Signature of Debtor 2

Date MM / DD / YYYY

Date 01 16 2019 MM / DD / YYYY

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married 2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 pebtor 2: lived there lived there A323 Ludwick Street Number Street From 07/01/2017 To 11/01/2018 Pittsburgh PA 15217 City State ZIP Code Rumber Street ZIP Code	Fill in this information to id	entify your case:				
Dobtor 2 Giscue, Ffing) institutes Mass Nume Lest Nume L	Debtor 1 David William	n Ewing				
United States Bankruptoy Court for the: Western District of Pennsylvania Case number 19-20028-GLT	First Name		Last Name			
Check if this is a mended filing		Middle Name	Last Name	1		
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 04/1 as a complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umbor (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Mornied M	United States Bankruptcy Court for	or the: Western District of I	Pennsylvania			
Difficial Form 107 Exatement of Financial Affairs for Individuals Filing for Bankruptcy 04/10 as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married		LT			ĵ	Check if this is an
e as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umber (if known). Answer every question. Part 12 Give Details About Your Marital Status and Where You Lived Before What is your current marital status?		· · · · · · · · · · · · · · · · · · ·				
The as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umber (if known). Answer every question. Part 17 Give Details About Your Marital Status and Where You Lived Before	Official Form 107					
formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case umber (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before		nancial Affai	rs for Individ	luals Filing	for Bankruptc	04/16
1. What is your current marital status? Married Married Not married	nformation. If more space is umber (if known). Answer e	s needed, attach a separa very question.	ate sheet to this form.	On the top of any add		
Married 2 During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Ived there Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as Debtor 1 Same as Debtor 2 Same as			tus and where rou	Liveu Belore		
2. During the last 3 years, have you lived anywhere other than where you live now? No		rital status?				
2. During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1: Dates Debtor 1 Debtor 2: lived there Same as Debtor 1 Same as Debtor 2 lived there Same as Debtor 1 Same as Debtor 2 lived there A323 Ludwick Street						
No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1:	• Not married					
Pittsburgh PA 15217 City State ZIP Code Prom O7/01/2016 Number Street 1605 Hawthorn Drive Number Street Apt 8 Cleveland OH 44124 City State ZIP Code Dates Debtor 1 pebtor 2: lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2: lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2: lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2: lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2: lived there Same as Debtor 2: lived there Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 1 Same as Debtor 2: lived there O7/01/2016	2. During the last 3 years, h	nave you lived anywhere	other than where you	live now?		
Dates Debtor 1 lived there Dates Debtor 1 lived there Debtor 2: Dates Debtor 2 lived there						
A323 Ludwick Street Number Street Pittsburgh PA 15217 City State ZIP Code Prom 07/01/2018 From 07/01/2018 City State ZIP Code Same as Debtor 1 City State ZIP Code Same as Debtor 1 Same as Debtor 1 City State ZIP Code Same as Debtor 1 City State ZIP Code From 07/01/2016 To 07/01/2017 Apt 8 Cleveland OH 44124 City State ZIP Code City State ZIP Code City State ZIP Code To 07/01/2017 Number Street To 07/01/2017 City State ZIP Code City State ZIP Code Same as Debtor 1 Same as Debtor 1 City State ZIP Code From		ces you lived in the last 3 y	Dates Debtor 1 D			
A323 Ludwick Street Number Street From 07/01/2017 Number Street To			lived there			lived there
Number Street To 11/01/2018 Number Street To 11/01/2018 Number Street To 11/01/2018 Number Street To 2/01/2016 Same as Debtor 1 Same as Debtor 1 From 07/01/2016 To 07/01/2017 Apt 8 Cleveland OH 44124 City State ZIP Code City State ZIP Code From 07/01/2017 Number Street To 07/01/2017			C	Same as Debtor 1		Same as Debtor 1
Pittsburgh PA 15217 City State ZIP Code Same as Debtor 1 1605 Hawthorn Drive Number Street Apt 8 Cleveland OH 44124 City State ZIP Code City State ZIP Code From 07/01/2017 Number Street To 07/01/2017 City State ZIP Code From 07/01/2017 City State ZIP Code From 07/01/2017 City State ZIP Code Same as Debtor 1 From Number Street To 07/01/2017 City State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)		Street	From 07/01/2017	Number Street		From
City State ZIP Code City State ZIP Code Same as Debtor 1 Same as Debtor 1 1605 Hawthorn Drive Number Street Apt 8 Cleveland OH 44124 City State ZIP Code To 07/01/2017 City State ZIP Code From	Number Sueet		To 1 <u>1/01/20</u> 18	Number Street		То
Same as Debtor 1 1605 Hawthorn Drive From 07/01/2016 To 07/01/2017 Number Street To 07/01/2017 To	Pittsburgh	PA 15217	_			
Apt 8 Cleveland OH 44124 City State ZIP Code Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	City	State ZIP Code		City	State ZIP Code	
Number Street Apt 8 Cleveland OH 44124 City State ZIP Code Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)				Same as Debtor 1		☐ Same as Debtor 1
Apt 8 Cleveland OH 44124 City State ZIP Code City State ZIP Code City State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	1605 Hawthorn	Drive	From 07/01/2016			From
Cleveland OH 44124 City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No			To 0 <u>7/01/20</u> 17	Number Street		То
City State ZIP Code City State ZIP Code 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)	Apt 8		-			
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) 1. No			-	0"	7100-1-	
states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) Mo	City	State ZIP Gode		City	State ZIP Code	
☑ No	3. Within the last 8 years, d	lid you ever live with a s	pouse or legal equival	ent in a community pr	operty state or territory?	Community property
		ue Arizona, California, Ida	no, Louisiana, Nevada,	inew iviexico, Puerto Ri	co, Texas, vvasnington, and	vvisconsin.)
		I out Schedule H: Your Co	odebtors (Official Form 1	06H).		
	,		,			
Part 2. Evaluin the Sources of Your Income						

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Did you have any income from employment Fill in the total amount of income you received If you are filing a joint case and you have income	d from all jobs and all busi	nesses, including part-tir	me activities.	endar years?
☐ No ☐ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$0	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
For last calendar year:	Wages, commissions, bonuses, tips	\$ 42,155	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2018 YYYY	Operating a business	,	Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips	\$ 37321	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2017	Operating a business		Operating a business	
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing	some is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	some is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and
Include income regardless of whether that inc unemployment, and other public benefit paym gambling and lottery winnings. If you are filing List each source and the gross income from e	some is taxable. Examples nents; pensions; rental inco g a joint case and you have	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits; royalties; and
Include income regardless of whether that incurrence unemployment, and other public benefit paymagambling and lottery winnings. If you are filing List each source and the gross income from e	come is taxable. Examples sents; pensions; rental incorporate a joint case and you have each source separately. De	of other income are alimome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once t you listed in line 4.	suits; royalties; and e under Debtor 1. Gross income from each source
Include income regardless of whether that incurrence unemployment, and other public benefit paymagambling and lottery winnings. If you are filing List each source and the gross income from e	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income	Gross income from each source (before deductions and exclusions)
Include income regardless of whether that incument unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
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Include income regardless of whether that incumemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2018)	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$0 \$	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Include income regardless of whether that incument unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year:	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions) \$ 0 \$ 0 \$ \$ 0 \$ \$ \$ 0 \$ \$ \$ \$ \$ \$ \$ \$	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
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From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2018	come is taxable. Examples sents; pensions; rental income a joint case and you have each source separately. Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) \$	money collected from laws ed together, list it only once t you listed in line 4. Debtor 2 Sources of income Describe below.	Gross income from each source (before deductions and exclusions) - \$

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Case number (if known) 19-20028-GLT David William Ewing Debtor 1 Middle Name First Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of Total amount paid Amount you still owe Was this payment for... payment 600 12000 Regional Finance Corp ■ Mortgage Creditor's Name ☑ Car 1424 E. Fire Tower Road Credit card Number Street Loan repayment ☐ Suppliers or vendors Greenville NC 27858 Other State ZIP Code ■ Mortgage Creditor's Name ☐ Car Credit card Number Street Loan repayment Suppliers or vendors Other__ ZIP Code ■ Mortgage Creditor's Name ☐ Car Credit card Number Street

ZIP Code

State

□ Loan repayment□ Suppliers or vendors□ Other

City

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Case number (if known) 19-20028-GLT

David William Ewing

Debtor 1

		? ************************************		
thin 1 year before you filed for bankruptcy, did y siders include your relatives; any general partners; r rporations of which you are an officer, director, pers ent, including one for a business you operate as a s ch as child support and alimony.	elatives of any on in control, o	general partners; properties of 20% or	partnerships of which more of their voting	th you are a general partner; securities; and any managing
No				
Yes. List all payments to an insider.				
res. List all payments to an insider.	D-4			
	Dates of payment	Total amount paid	owe	Reason for this payment
Insider's Name		\$	\$	
Number Street	1			
City State ZIP Code	i.			
		\$	\$	
Insider's Name				
Number Street				
City State ZIP Code				
	ou make any n	ayments or franse	fer any property of	n account of a debt that benefited
hin 1 year before you filed for bankruptcy, did y	ou make any p	ayments or trans	fer any property o	n account of a debt that benefited
hin 1 year before you filed for bankruptcy, did y		ayments or trans	fer any property o	n account of a debt that benefited
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hin 1 year before you filed for bankruptcy, did yoinsider? lude payments on debts guaranteed or cosigned by		ayments or trans	fer any property o	n account of a debt that benefited
hin 1 year before you filed for bankruptcy, did yoinsider? lude payments on debts guaranteed or cosigned by	an insider.			
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nin 1 year before you filed for bankruptcy, did yoinsider? ude payments on debts guaranteed or cosigned by	an insider.	Total amount paid	Amount you still owe	Reason for this payment
nin 1 year before you filed for bankruptcy, did yoinsider? ude payments on debts guaranteed or cosigned by	an insider.	Total amount	Amount you still	Reason for this payment
hin 1 year before you filed for bankruptcy, did young insider? ude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider.	an insider.	Total amount paid	Amount you still owe	Reason for this payment
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	David Willi	iaiii Eiriiig	ALL THE RESIDENCE OF THE PARTY	Case number (if kn	19-20028-GLT	
	First Name	Middle Name La	ast Name	y control developed value of control of the control	7	
t 4:	Identify Le	egal Actions, Repo	ssessions, and Foreclosure	5		
ist all	1.75	, including personal inju	ptcy, were you a party in any la ury cases, small claims actions, di			
No Yes	s. Fill in the de	etails.				
			Nature of the case	Court or agency		Status of the case
Ca	_{ase title} Comr	munity Bank, NA	mortgage foreclosure	Supreme Court	of New York	- ☑ Pending
V	s. David W	. Ewing et al.	_	3 North Erie Str	eet	On appeal Concluded
Ca	ase number E	K12017001192	_	Mayville	NY 14757	-
				City	State ZIP Code	
Ca	ase title			Court Name	w	- Pending
						On appeal
				Number Street	ALCO DE LA CONTRACTION DEL CONTRACTION DE LA CON	Concluded
	ase number				State ZIP Code	_
ithin heck No.	1 year before all that apply	e you filed for bankru and fill in the details be	ptcy, was any of your property relow. Describe the propert	repossessed, foreclosed,		- seized, or levied? Value of the property
ithin heck No.	all that apply all that	e you filed for bankru and fill in the details be 1. formation below.	elow.	repossessed, foreclosed,	, garnished, attached,	
ithin heck No.	1 year before all that apply	e you filed for bankru and fill in the details be 1. formation below.	elow.	repossessed, foreclosed,	, garnished, attached,	Value of the property
ithin heck No.	all that apply and that apply and that apply and the information of th	e you filed for bankru and fill in the details be 1. formation below.	Explain what happen Property was for Pro	repossessed, foreclosed, y ed epossessed. preclosed. preclosed. parnished.	, garnished, attached,	Value of the property
Vithin Check :	all that apply and the information of the informati	e you filed for bankru and fill in the details be 1. formation below.	Explain what happen Property was for Pro	repossessed, foreclosed, y ed epossessed. preclosed. preclosed. preclosed. parnished. particular and preclosed. particul	, garnished, attached,	Value of the property

Property was repossessed. ☐ Property was foreclosed. Property was garnished.

Property was attached, seized, or levied.

Explain what happened

Creditor's Name

Number Street

State ZIP Code

City

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No Yes List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy, did you give any gifts with a total value.	Date action Amount was taken \$\$ session of an assignee for the benefit of
City State ZIP Code Last 4 digits of account number: XXXX- thin 1 year before you filed for bankruptcy, was any of your property in the post editors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions hin 2 years before you filed for bankruptcy, did you give any gifts with a total valve. No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts per person	was taken \$\$ session of an assignee for the benefit of alue of more than \$600 per person?
City State ZIP Code Last 4 digits of account number: XXXX- thin 1 year before you filed for bankruptcy, was any of your property in the poss ditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions thin 2 years before you filed for bankruptcy, did you give any gifts with a total valve. No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts per person	session of an assignee for the benefit of alue of more than \$600 per person?
Last 4 digits of account number: XXXX- thin 1 year before you filed for bankruptcy, was any of your property in the poss ditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions hin 2 years before you filed for bankruptcy, did you give any gifts with a total valve. No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts	session of an assignee for the benefit of alue of more than \$600 per person?
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Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Describe the gifts	
per person	
per person	the gifts
Person to Whom You Gave the Gift	
Person to Whom You Gave the Gift	\$
	\$
Number Street	
City State ZIP Code	
Person's relationship to you	
O'Read the Arthur Land Country to Cook Read the Arthur Tife	Dates you gave Value
Gifts with a total value of more than \$600 Describe the gifts per person	the gifts
	\$
Person to Whom You Gave the Gift	
	\$
Number Street	

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Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ✓ No ☐ Yes. Fill in the details for each gift or contribution. ☐ Gifte or contributions to charities that total more than \$600 ☐ Date you contributed ☐ Date you contributed ☐ Date you contributed ☐ Same	tor 1	David William Ewing First Name Middle Name Last	Case number (if known)	19-20028-GLT	
No		riist Name Middle Name Last	Name		
No Size in the details for each gift or contribution. Gifts or contributions to charities that total more than \$600 Charify's Name Charify's Name Describe what you contributed Charify's Name Size ZiP Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid, List pending insurance lost flow the loss occurred include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule Aft. Property. Size ZiP Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy. All you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Provide any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Describe any insurance coverage for the loss include the amount that insurance has paid, List pending insurance claims on line 33 of Schedule Aft. Property. Size ZiP Code Amount of payment transfer any property to anyone your bankruptcy. Describe the property transferred transfer any property to anyone your bankruptcy. Date payment or transfer was made 210 Grant Street Suite 200 Number Street Description and value of any property transferred Tall 30/18 \$ 600 11/30/19 \$ 735					
Secrible what you contribution. Gitte or contributions to charities that total more than \$600 Chartry's Name Describe what you contributed Date you contributed Chartry's Name Steet City State ZIP Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Now Yes. Fill in the details. Describe any insurance coverage for the loss how the loss occurred how the loss occurred in loss of Schedule ARI Property. It is Cortain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. P. William Bercik Person Vivo Was Pad 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 Day State ZIP Code pwilliambercik@Cs.com	Withi	n 2 years before you filed for bankrup	otcy, did you give any gifts or contributions with a total val	ue of more than \$6	00 to any charity?
Gifte or contributions to charities that total more than \$400 Charty's Name Charty's Name Street State ZiP Code Sta	ZÍ N	0			
Charry's hame Charry's hame	☐ Y	es. Fill in the details for each gift or con	tribution.		
Charry's Name S S		Gifts or contributions to charities	Describe what you contributed	Date you	Value
No State ZIP Code			Sootias maryou continued		value
Number Street S					
Number Street City State ZIP Code Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other isaster, or gambling? M No Pescribe the property you lost and how the loss occurred Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule ARS: Property. S T: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? No No No: Pessor Who Was Paid 210 Grant Street Suite 200 Number Street Description and value of any property transferred Transferred Date payment or transfer amount of payment or transfer was made 11/30/18 \$ 600 11/30/19 \$ 733					\$
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### List Certain Losses Itithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other isaster, or gambling?	Nu	ımber Street			
### List Certain Losses ### Amount of payments or Transfers ### List Certain Payment					
### List Certain Losses ### Amount of payments or Transfers ### List Certain Payment	-				
A No Describe the property you lost and how the loss occurred This include the amount that insurance coverage for the loss include the amount that insurance coverage for the loss occurred This include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. This include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. This include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. This include the amount that insurance has paid. List pending insurance loss. The follow in the details. This include the amount that insurance has paid. List pending insurance loss. The follow in the details. The follow in the details in the details. This include the amount that insurance has paid. List pending insurance loss. The follow in the details in the details. This include the amount that insurance has paid. List pending insurance loss. The follow in the details in the details. The follow in the details in the details in the details. The follow in th	Ci	ly State ZIP Code			
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List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Description and value of any property transferred transfer was made attorney fees and costs 11/30/18 \$ 60/10/3/19 \$ 73/1			Include the amount that insurance has paid. List pending insurance		
List Certain Payments or Transfers Itihin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone ou consulted about seeking bankruptcy or preparing a bankruptcy petition? No			dams of time 33 of 30/edule 200. Property.		
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Amount of payment or transfer was made P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZiP Code pwilliambercik@cs.com	-				
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P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZIP Code pwilliambercik@cs.com Date payment or transfer was made Amount of payment or transfer was made 11/30/18 \$ 60					
P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZIP Code Date payment or transfer was made Date payment or transfer was made Amount of payment or transfer was made attorney fees and costs 11/30/18 \$ 60			eparers, or credit counseling agencies for services required in y	our bankruptcy.	
P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZIP Code Date payment or transfer was made Amount of payment or transfer was made attorney fees and costs 11/30/18 \$ 60 01/03/19 \$ 73					
P. William Bercik Person Who Was Paid 210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZIP Code pwilliambercik@cs.com transfer was made 11/30/18 \$ 60 01/03/19 \$ 73	Y	es. Fill in the details.			
210 Grant Street Suite 200 Number Street Pittsburgh PA 15219 City State ZIP Code pwilliambercik@cs.com attorney fees and costs 11/30/18 \$ 60 01/03/19 \$ 73				transfer was	Amount of paymen
Number Street 11/30/18 \$ 60	- 0		attorney fees and costs		
Pittsburgh PA 15219 City State ZIP Code pwilliambercik@cs.com	_			11/30/18	\$60
Pittsburgh PA 15219 City State ZIP Code pwilliambercik@cs.com					
city State ZIP Code pwilliambercik@cs.com	-	littohurah DA 15010		01/03/19	\$73
pwilliambercik@cs.com		•			
		Samuel Bella record			
Elimin of Hobolic addition		mail or website address			
Derson Who Made the Payment if Not You					

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	Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				\$
				\$
City State ZIP Code				
Email or website address	_			
Person Who Made the Payment, if Not You				
o not include any payment or transfer that y No Yes. Fill in the details.	ou listed on line 16.			
	Description and value of any property tr	ansferred	Date payment or transfer was made	Amount of p
Person Who Was Paid			made	
Number Street	-			\$
**************************************				\$
City State ZIP Code ithin 2 years before you filed for bankru		ransfer any property	to anyone, other tha	n property
77.55.00	business or financial affairs? made as security (such as the granting of	a security interest or r	nortgage on your pro	perty). Date trai
ithin 2 years before you filed for bankrup ansferred in the ordinary course of your clude both outright transfers and transfers to not include gifts and transfers that you ha No	business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property	a security interest or r	nortgage on your pro	perty). Date trai
ithin 2 years before you filed for bankrup ansferred in the ordinary course of your clude both outright transfers and transfers to not include gifts and transfers that you ha No I Yes. Fill in the details.	business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property	a security interest or r	nortgage on your pro	perty). Date tra
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ansferred in the ordinary course of your clude both outright transfers and transfers to not include gifts and transfers that you had No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you	business or financial affairs? made as security (such as the granting of the already listed on this statement. Description and value of property	a security interest or r	nortgage on your pro	perty).

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	David William Ewing First Name Middle Name Last	Name	Case number (if kno	19-20028-GLT	
	nin 10 years before you filed for bankru a beneficiary? (These are often called a		ty to a self-settled trus	st or similar device of v	vhich you
	No Yes. Fill in the details.				
		Description and value of the prope	erty transferred		Date transfer was made
N	Name of trust	_			-
-		-			
	List Certain Financial Account				benefit,
clos Inclu	ed, sold, moved, or transferred? ude checking, savings, money market,	or other financial accounts; cert	ificates of deposit; sha	Finance Rectionable Fig. 1000 Fig. 1000	
brok	erage houses, pension funds, cooper No	atives, associations, and other fir	nancial institutions.		
O Y	es. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfer
	Name of Financial Institution	xxxx	Checking		\$
	Number Street		☐ Savings ☐ Money market		
			- money market		
			☐ Brokerage		
	City State ZIP Code		☐ Brokerage ☐ Other		
	City State ZIP Code Name of Financial Institution	xxxx	Other_		\$
	Name of Financial Institution	xxxx	Other		\$
		xxxx	Other Checking Savings Money market		\$
	Name of Financial Institution	xxxx	Other		\$
	Name of Financial Institution Number Street City State ZIP Code		Other Checking Savings Money market Brokerage Other		\$
Doy secu ☑ N	Name of Financial Institution Number Street City State ZIP Code You now have, or did you have within 1 Irrities, cash, or other valuables?		Other Checking Savings Money market Brokerage Other	box or other depositor	\$ y for
Doy secu ☑ N	Name of Financial Institution Number Street City State ZIP Code ou now have, or did you have within 1 Irities, cash, or other valuables?		Other Checking Savings Money market Brokerage Other		Do you still
Doy secu	Name of Financial Institution Number Street City State ZIP Code You now have, or did you have within 1 Irrities, cash, or other valuables?	year before you filed for bankrup	Other Checking Savings Money market Brokerage Other		Do you still have it?
Doysecu Secu Maria	Name of Financial Institution Number Street City State ZIP Code You now have, or did you have within 1 Irrities, cash, or other valuables?	year before you filed for bankrup	Other Checking Savings Money market Brokerage Other		Do you still have it?
Doysecu Secu Sin N	Number Street City State ZIP Code rou now have, or did you have within 1 urities, cash, or other valuables? No (es. Fill in the details.	year before you filed for bankrup Who else had access to it?	Other Checking Savings Money market Brokerage Other		Do you still have it?

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otor 1	David William Ewing First Name Middle Name Last	Name	Case number (if known) 19-20028-GL	ľ
	midule Name Last	Tune		
Have y ☑ No		or place other than your home withi	n 1 year before you filed for bankruptc	y?
_	s. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you stil have it?
				□ No
ī	Name of Storage Facility	Name		Yes
ì	Number Street	Number Street		
-		City State ZIP Code		
ī	City State ZIP Code			
rt 9:	Identify Property You Hold	or Control for Somoone Elec		
or ho	ld in trust for someone.	Where is the property?	perty you borrowed from, are storing to be s	Value
				\$
i	Owner's Name			Φ
	Owner's Name Number Street	Number Street		•
		Number Street		•
ī		Number Street City State ZIP C	ode	•
-	Number Street City State ZIP Code	City State ZIP C	ode	•
rt 10	Number Street City State ZIP Code Give Details About Environn	City State ZIP C	ode	•
rt 10	State ZIP Code Give Details About Environmourpose of Part 10, the following define commental law means any federal, stated on the control of	nental Information nitions apply: te, or local statute or regulation contraction material into the air, land, soil, surface.	cerning pollution, contamination, relea ace water, groundwater, or other med	ises of
rt 10 r the p Envir hazar includ	City State ZIP Code Give Details About Environm Durpose of Part 10, the following define the commental law means any federal, state and one or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper	nental Information nitions apply: te, or local statute or regulation con rematerial into the air, land, soil, suring the cleanup of these substances, ty as defined under any environment	cerning pollution, contamination, relea ace water, groundwater, or other med	ises of ium,
the period of th	Give Details About Environmourpose of Part 10, the following defined on the following of the following or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper se it or used to own, operate, or utilize	nental Information nitions apply: te, or local statute or regulation con material into the air, land, soil, suring the cleanup of these substances, ty as defined under any environment, including disposal sites.	cerning pollution, contamination, relea face water, groundwater, or other medi wastes, or material.	ises of ium,
rt 10 the p Envir hazar include Site in utilize	Give Details About Environmourpose of Part 10, the following defined on the following of the following or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper se it or used to own, operate, or utilize	nental Information nitions apply: te, or local statute or regulation con raterial into the air, land, soil, suring the cleanup of these substances, ty as defined under any environmentit, including disposal sites.	cerning pollution, contamination, relea ace water, groundwater, or other med wastes, or material. Ital law, whether you now own, operate	ises of ium,
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rt 100 r the period of the per	Give Details About Environmental law means any federal, state dous or toxic substances, wastes, or ding statutes or regulations controlling means any location, facility, or proper exit or used to own, operate, or utilize redous material means anything an entance, hazardous material, pollutant, ill notices, releases, and proceedings my governmental unit notified you that	nental Information nitions apply: te, or local statute or regulation con material into the air, land, soil, suri ng the cleanup of these substances, ty as defined under any environmer it, including disposal sites. vironmental law defines as a hazard contaminant, or similar term. that you know about, regardless of	cerning pollution, contamination, releatace water, groundwater, or other mediwastes, or material. Ital law, whether you now own, operate lous waste, hazardous substance, toxi when they occurred.	ises of ium, e, or
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r the properties of the proper	Give Details About Environmental law means any federal, state ding statutes or regulations controlling means any location, facility, or proper it or used to own, operate, or utilized to material means anything an entance, hazardous material, pollutant, all notices, releases, and proceedings my governmental unit notified you that o ess. Fill in the details.	nental Information nitions apply: te, or local statute or regulation contraction into the air, land, soil, suring the cleanup of these substances, ty as defined under any environmenti, including disposal sites. vironmental law defines as a hazard contaminant, or similar term. that you know about, regardless of at you may be liable or potentially liable.	cerning pollution, contamination, releating water, groundwater, or other mediwastes, or material. Ital law, whether you now own, operate lous waste, hazardous substance, toxic when they occurred. Italian in the control of an environities of the control of the	uses of ium, e, or c

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or 1	David William Ewing		Case number	(if known) 19-20028-GLT	
	First Name Middle Name Lasi	t Name			
lave	you notified any governmental unit of	of any release of hazardous ma	iterial?		
A I	lo				
D 1	es. Fill in the details.				
		Governmental unit	Environmental law	, if you know it	Date of notice
				,	
	Name of site	Governmental unit			
	Number Street	Number Street			
		City State ZIP Code	B		
	City State ZIP Code	-			
	State ZI Code				
ave	you been a party in any judicial or ad	Iministrative proceeding under	r any environmental la	w? Include settlements ar	nd orders.
ŽÍ N					
	es. Fill in the details.				
		Court or agency	Nature of the	case	Status of the
		out or agonoy	Nuture of the	0000	case
C	ase title	-			Pending
		Court Name			On appeal
-		Number Street			Conclude
		Number Street			Conclude
ō	ase number	City State ZIF	P Code		
		City State Zir	Code		
t 11	Give Details About Your Bus		Anu Pusinsas		
א IZ	A sole proprietor or self-employed A member of a limited liability com A partner in a partnership An officer, director, or managing ex An owner of at least 5% of the votir o. None of the above applies. Go to P es. Check all that apply above and fill	pany (LLC) or limited liability pany (LLC) or limited liability pactors of a corporation or equity securities of a corporation.	partnership (LLP) poration business.	Employer Identification num	nber
	Business Name	•		Do not include Social Secur	ity number or ITIN.
	The Control of the Co			EIN:	
	Number Street				
		Name of accountant or bookke	eper	Dates business existed	
	**************************************	•			
				From To	
	City State ZIP Code	December the material of the control	inne	Employer Identification	hor
		Describe the nature of the bus	iness	Employer Identification num Do not include Social Secur	
	Business Name				are t alle (a 15 au 15 de a 15 au 15 au 16 au grande et le maille de la terre
	Number Street			EIN:	
	Number Street	Name of accountant or bookke	eper	Dates business existed	
				From To	
	City State 7IB Code	•			

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	Describe the nature of the business	Employer Identification number
Business Name		Do not include Social Security number or ITIN
Number Street	Name of accountant or bookkeeper	Dates business existed
City State ZIP Code		From To
	otcy, did you give a financial statement to	anyone about your business? Include all financial
titutions, creditors, or other parties.		
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
12: Sign Below		
74 Sigil Below		
nswers are true and correct. I understan connection with a bankruptcy case can		
nswers are true and correct. I understan	d that making a false statement, conceal	ing property, or obtaining money or property by frau
nswers are true and correct. I understan connection with a bankruptcy case can	d that making a false statement, conceal	ing property, or obtaining money or property by frau
aswers are true and correct. I understan connection with a bankruptcy case can B U.S.C. §§ 152, 1341, 1519, and 3571.	d that making a false statement, conceal n result in fines up to \$250,000, or impriso	ing property, or obtaining money or property by frau
Signature of Debtor 1 Date OU/16/2019	that making a false statement, conceal in result in fines up to \$250,000, or imprison Signature of Debtor 2	ing property, or obtaining money or property by frau onment for up to 20 years, or both.
Signature of Debtor 1 Date Ol/16/2019 and correct. I understan connection with a bankruptcy case can 3 U.S.C. §§ 152, 1341, 1519, and 3571.	that making a false statement, conceal in result in fines up to \$250,000, or imprison Signature of Debtor 2	ing property, or obtaining money or property by frau
Signature of Debtor 1 Date Ol/16/2019 and correct. I understan connection with a bankruptcy case can 3 U.S.C. §§ 152, 1341, 1519, and 3571.	that making a false statement, conceal in result in fines up to \$250,000, or imprison Signature of Debtor 2	ing property, or obtaining money or property by frau onment for up to 20 years, or both.
Signature of Debtor 1 Date Olith Joi G id you attach additional pages to Your S No Yes	that making a false statement, conceal in result in fines up to \$250,000, or imprison Signature of Debtor 2	ing property, or obtaining money or property by frau onment for up to 20 years, or both.
Signature of Debtor 1 Date OLIG 2019 id you attach additional pages to Your Sol Yes did you pay or agree to pay someone who	Signature of Debtor 2 Date Statement of Financial Affairs for Individue to is not an attorney to help you fill out ba	ing property, or obtaining money or property by frau onment for up to 20 years, or both.

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Debtor 1 David William Ewing First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Pennsylvania Case number (If known)	Check one box only as directed in this form and in Form 122A-1Supp: ☐ 1. There is no presumption of abuse. ☑ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2). ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
Official Form 122A—1	☐ Check if this is an amended filing
Chapter 7 Statement of Your Current Month	ly Income 12/15
Chapter 7 Statement of Your Current Month Be as complete and accurate as possible. If two married people are filing together, both space is needed, attach a separate sheet to this form. Include the line number to which additional pages, write your name and case number (if known). If you believe that you a do not have primarily consumer debts or because of qualifying military service, complete Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income	are equally responsible for being accurate. If more the additional information applies. On the top of any re exempted from a presumption of abuse because you
Be as complete and accurate as possible. If two married people are filing together, both space is needed, attach a separate sheet to this form. Include the line number to which additional pages, write your name and case number (if known). If you believe that you a do not have primarily consumer debts or because of qualifying military service, comple Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.	are equally responsible for being accurate. If more the additional information applies. On the top of any re exempted from a presumption of abuse because you te and file Statement of Exemption from Presumption of
Be as complete and accurate as possible. If two married people are filing together, both space is needed, attach a separate sheet to this form. Include the line number to which additional pages, write your name and case number (if known). If you believe that you a do not have primarily consumer debts or because of qualifying military service, comple Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only.	are equally responsible for being accurate. If more the additional information applies. On the top of any re exempted from a presumption of abuse because you te and file Statement of Exemption from Presumption of
Be as complete and accurate as possible. If two married people are filing together, both space is needed, attach a separate sheet to this form. Include the line number to which additional pages, write your name and case number (if known). If you believe that you a do not have primarily consumer debts or because of qualifying military service, comple Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: Calculate Your Current Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-	are equally responsible for being accurate. If more the additional information applies. On the top of any re exempted from a presumption of abuse because you te and file Statement of Exemption from Presumption of

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the

Column A

3512.92

<u>170</u>0 0

Debtor 1

Copy

Debtor 2

\$_

Column B

Debtor 2 or non-filing spouse

income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession,

Net monthly income from a business, profession, or farm

Net monthly income from rental or other real property

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

3. Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

(before all payroll deductions).

Column B is filled in.

1700

Debtor 1

or farm

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Debtor 1 David William Ewing First Name Middle Name Last Name		Case number (if known) 19	9-20028-GLT
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation		s 0	s
Do not enter the amount if you contend that the amount under the Social Security Act. Instead, list it here:			<u></u>
For you			
For your spouse	\$		
Pension or retirement income. Do not include any amo benefit under the Social Security Act.	ount received that was a	\$0	\$
10. Income from all other sources not listed above. Spec Do not include any benefits received under the Social Se as a victim of a war crime, a crime against humanity, or terrorism. If necessary, list other sources on a separate	ecurity Act or payments received international or domestic	d	
		\$0	\$
		\$	\$
Total amounts from separate pages, if any.		+ \$	+ \$
11. Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for Co		\$5212.92 +	\$ =
Part 2: Determine Whether the Means Test App			inditing income
12. Calculate your current monthly income for the year.	-		5212.02
12a. Copy your total current monthly income from line 1	1	Сору	
Multiply by 12 (the number of months in a year).			x 12
12b. The result is your annual income for this part of the	e form.		12b. \$ <u>62555.04</u>
13. Calculate the median family income that applies to y	ou. Follow these steps:		
Fill in the state in which you live.	PA		
Fill in the number of people in your household.	1		50000
Fill in the median family income for your state and size o			13. \$53803
To find a list of applicable median income amounts, go o instructions for this form. This list may also be available a	at the bankruptcy clerk's office.	tne separate	
14. How do the lines compare?			
14a. Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, The	ere is no presumption o	of abuse.
14b. Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A–2.	e 1, check box 2, The presump	tion of abuse is determ	nined by Form 122A-2.
Part 3: Sign Below			
By signing here, I declare under penalty of perjur	y that the information on this st	atement and in any att	achments is true and correct.
* David Wyon	×		
Signature of Debtor 1	Sig	nature of Debtor 2	
Date OL 16 2019 MM / DD /YYYY	Da	MM / DD / YYYY	
If you checked line 14a, do NOT fill out or file	Form 122A-2.		
If you checked line 14b, fill out Form 122A–2			

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Debtor 1	David William	Ewing	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

	eck the appropriate box as directed in es 40 or 42:
	cording to the calculations required by statement:
Ą	1. There is no presumption of abuse.
	2. There is a presumption of abuse.

Official Form 122A-2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

pages, write your name and case number (if known).	,	•
Part 1: Determine Your Adjusted Income		
Copy your total current monthly income.		\$ <u>5212.92</u>
2. Did you fill out Column B in Part 1 of Form 122A-1?		
☑ No. Fill in \$0 for the total on line 3.		
☐ Yes. Is your spouse filing with you?		
☐ No. Go to line 3.		
Yes. Fill in \$0 for the total on line 3.		
 3. Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you regularly used for the household expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: 	u reported for your spouse NOT	
For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents	Fill in the amount you are subtracting from your spouse's income	
	\$	
	\$	
	+ \$	
Total	\$O Copy total here	\$ ⁰
Adjust your current monthly income. Subtract the total on line 3 from line	ne 1.	\$5212.92

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Debtor 1

David William Ewing

Middle Name Last Name

Case number (if known) 19-20028-GLT

Part 2:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A–1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$____647

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person

52

Number of people who are under 65

x 1

7c. Subtotal. Multiply line 7a by line 7b.

52 Copy here→ \$ 52

People who are 65 years of age or older

Out-of-pocket health care allowance per person

\$

Number of people who are 65 or older

X ____

7f. Subtotal. Multiply line 7d by line 7e.

Copy here + c

7g. Total. Add lines 7c and 7f.....

52

Copy total here→

\$____52

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Debtor 1

David William Ewing

First Name Middle Name

Last Name

L	Local Standards You must use the IRS Local Standards to a	nswer the questions in lines 8-15.
	Based on information from the IRS, the U.S. Trustee Program I bankruptcy purposes into two parts:	has divided the IRS Local Standard for housing for
	 Housing and utilities – Insurance and operating expenses Housing and utilities – Mortgage or rent expenses 	
T	To answer the questions in lines 8-9, use the U.S. Trustee Pro	gram chart.
	To find the chart, go online using the link specified in the separate in the s	nstructions for this form.
8	 Housing and utilities – Insurance and operating expenses: dollar amount listed for your county for insurance and operating 	Using the number of people you entered in line 5, fill in the expenses. \$\$
9.	Housing and utilities – Mortgage or rent expenses:	
	9a. Using the number of people you entered in line 5, fill in the of for your county for mortgage or rent expenses	
	9b. Total average monthly payment for all mortgages and other	debts secured by your home.
	To calculate the total average monthly payment, add all amore contractually due to each secured creditor in the 60 months bankruptcy. Then divide by 60.	
	Name of the creditor	Average monthly payment
		\$
		\$
		1
		+ \$
	Total average monthly payment	\$0 Copy here \$0 Repeat this amount on line 33a.
	9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line rent expense). If this amount is less than \$0, enter \$0	
10	If you claim that the U.S. Trustee Program's division of the the calculation of your monthly expenses, fill in any addition	IRS Local Standard for housing is incorrect and affects \$ nal amount you claim.
	Eveleia	
1	1. Local transportation expenses: Check the number of vehicles	for which you claim an ownership or operating expense.
	 □ 0. Go to line 14. ☑ 1. Go to line 12. 	
	2 or more. Go to line 12.	
1:	 Vehicle operation expense: Using the IRS Local Standards ar operating expenses, fill in the Operating Costs that apply for you 	

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Debtor 1

David William Ewing

irst Name	Middle Name

Last Name

Vehi	cle 1 Describe Vehicle 1:	2014 Nissan Ve	rsa					
					•	497		
	Ownership or leasing costs u				\$			
13b.	Average monthly payment for Do not include costs for lease	and the second of the second of the second	/ Vehicle 1.					
	To calculate the average mor amounts that are contractuall after you filed for bankruptcy.	y due to each secure						
	Name of each creditor for \	Vehicle 1	Average monthly					
	Regional Finance Corp	p	payment \$ 300	i				
			<u> </u>					
	7		+ \$	-			Repeat this	
	Total average	e monthly payment	\$300	Copy here	- \$	300	amount on line 33b.	
							Copy net	
13c.	Net Vehicle 1 ownership or lea	ase expense				407	Vehicle 1	
	Subtract line 13b from line 13a		ss than \$0, enter \$0		\$	197	expense	•
Vehic	Subtract line 13b from line 13a	a. If this amount is les	ss than \$0, enter \$0		\$		expense here	\$
Vehi	Subtract line 13b from line 13accle 2 Describe Vehicle 2: Ownership or leasing costs u	a. If this amount is les	lard		\$	197	The state of the s	\$
Vehic	Subtract line 13b from line 13a	a. If this amount is les	lard		100	197	The state of the s	\$
Vehi	Subtract line 13b from line 13accle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for	a. If this amount is less sing IRS Local Stander all debts secured by ed vehicles.	lard		100	197	The state of the s	\$
Vehic	Subtract line 13b from line 13a cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for Do not include costs for lease	a. If this amount is less sing IRS Local Stander all debts secured by ed vehicles.	lard/ Vehicle 2.		100	197	The state of the s	\$
Vehic	Subtract line 13b from line 13a cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for Do not include costs for lease	a. If this amount is less sing IRS Local Stander all debts secured by ed vehicles.	lard/ Vehicle 2.		100	197	The state of the s	\$
Vehic	Cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for Do not include costs for lease Name of each creditor for V	a. If this amount is less sing IRS Local Stander all debts secured by ed vehicles.	lard/ Vehicle 2.		100	197	The state of the s	\$
Vehic 13d. 13e.	Cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for to the costs for lease Name of each creditor for to the costs for lease.	a. If this amount is less as ing IRS Local Stand or all debts secured by ed vehicles.	lard/ Vehicle 2.	- Copy	100	197	Repeat this amount on	\$
Vehic 13d. 13e.	Cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for Do not include costs for lease Name of each creditor for V	a. If this amount is less as ing IRS Local Stand or all debts secured by ed vehicles.	Average monthly payment	Copy here	100	197	Repeat this amount on line 33c. Copy net	\$\$ \$
Vehic 13d. 13e.	Cle 2 Describe Vehicle 2: Ownership or leasing costs u Average monthly payment for Do not include costs for lease Name of each creditor for v Total average	sing IRS Local Stand r all debts secured by ed vehicles. Vehicle 2 ge monthly payment ase expense this amount is less th	Average monthly payment \$ + \$ s ann \$0, enter \$0	Copy here	- \$ \$		Repeat this amount on line 33c. Copy net Vehicle 2 expense	\$\$

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Debtor 1

David William Ewing

First Name Middle Name

Last Name

	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.		
employment taxes, Social Sec pay for these taxes. However,	bunt that you will actually owe for federal, state and local taxes, such as income taxes, self- curity taxes, and Medicare taxes. You may include the monthly amount withheld from your , if you expect to receive a tax refund, you must divide the expected refund by 12 and total monthly amount that is withheld to pay for taxes.		\$_917.44
Do not include real estate, sal	les, or use taxes.		
17. Involuntary deductions: The union dues, and uniform costs	e total monthly payroll deductions that your job requires, such as retirement contributions, s.		s 95.28
Do not include amounts that a	are not required by your job, such as voluntary 401(k) contributions or payroll savings.		φ
together, include payments th	nthly premiums that you pay for your own term life insurance. If two married people are filing lat you make for your spouse's term life insurance. Do not include premiums for life s, for a non-filing spouse's life insurance, or for any form of life insurance other than term.		\$
ustrom kan kanoon sagami o okatan i €en dalah oras ned €eteksi nasuntara sati			Φ
agency, such as spousal or cl	the total monthly amount that you pay as required by the order of a court or administrative hild support payments. Doesn't due obligations for spousal or child support. You will list these obligations in line 35.		\$2300
Sensity with resimple expectations if the Control of the Control o			
20. Education: The total monthlyas a condition for your job,	amount that you pay for education that is either required:		
	ally challenged dependent child if no public education is available for similar services.		\$
	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. any elementary or secondary school education.		\$
is required for the health and health savings account. Include	nses, excluding insurance costs: The monthly amount that you pay for health care that welfare of you or your dependents and that is not reimbursed by insurance or paid by a de only the amount that is more than the total entered in line 7. e or health savings accounts should be listed only in line 25.		\$
you and your dependents, suc service, to the extent necessar is not reimbursed by your emp	lephone services: The total monthly amount that you pay for telecommunication services for ch as pagers, call waiting, caller identification, special long distance, or business cell phone ary for your health and welfare or that of your dependents or for the production of income, if it ployer. Description of the production of income, if it ployer. Description of the production of income, if it ployer.	+	\$ <u>3</u> 6
expenses, such as those repo	orted on line 5 of Official Form 122A-1, or any amount you previously deducted.		
24. Add all of the expenses allo Add lines 6 through 23.	owed under the IRS expense allowances.		\$ 5767.69

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Debtor 1

David William Ewing

Middle Name Last Name

Additional Expense Deductions		al deductions allowed by the Me e any expense allowances lister		
 Health insurance, disability insurance, disability insurance, a dependents. 			ne monthly expenses for health ssary for yourself, your spouse, or your	
Health insurance		\$		
Disability insurance		\$		
Health savings account	+	\$		
Total		\$	Copy total here→	\$
Do you actually spend this total a	amount?			
□ No. How much do you actual□ Yes	ly spend?	\$		
26. Continuing contributions to the continue to pay for the reasonab your household or member of you include contributions to an account	ole and necessary care our immediate family w	e and support of an elderly, chro who is unable to pay for such ex	onically ill, or disabled member of penses. These expenses may	\$
27. Protection against family viole of you and your family under the				\$
By law, the court must keep the r	nature of these expens	ses confidential.		
If you believe that you have home 8, then fill in the excess amount of You must give your case trustee	e energy costs that an of home energy costs. documentation of you	re more than the home energy o	nce and operating expenses on line 8. osts included in expenses on line st show that the additional amount	\$
	dent children who ar		ally expenses (not more than \$160.42*	
per child) that you pay for your de elementary or secondary school. You must give your case trustee			to attend a private or public st explain why the amount claimed is	\$
reasonable and necessary and n	ot already accounted	for in lines 6-23.		
 Subject to adjustment on 4/01/ 	/19, and every 3 years	s after that for cases begun on o	or after the date of adjustment.	
30. Additional food and clothing exhigher than the combined food at 5% of the food and clothing allow	nd clothing allowances	s in the IRS National Standards	od and clothing expenses are . That amount cannot be more than	\$
To find a chart showing the maxing this form. This chart may also be	mum additional allowa available at the bank	ance, go online using the link sp ruptcy clerk's office.	ecified in the separate instructions for	
You must show that the additional	al amount claimed is r	easonable and necessary.		
31. Continuing charitable contributionstruments to a religious or char	tions. The amount that table organization. 26	at you will continue to contribute 5 U.S.C. § 170(c)(1)-(2).	in the form of cash or financial	+ \$
32. Add all of the additional expen Add lines 25 through 31.	se deductions.			\$

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Debtor 1

David	William	Ewing
-------	---------	-------

Middle Name Last Name

Deduction	ons for Debt Payment								
33. For d	lebts that are secured by an in	nterest in property that in lines 33a through 33	you own, in	ncluding h	ome mo	rtgages, ve	ehicle		
To ca	alculate the total average month tor in the 60 months after you fil	ly payment, add all amou	ints that are	contractua	illy due to	each secu	ıred		
						Average payment	monthly		
	Mortgages on your home:					paymon			
33a.	Copy line 9b here				→	\$	0		
	Loans on your first two vehi	cles:							
33b.	Copy line 13b here				≯	\$	300		
33c.	Copy line 13e here		***************************************		→	\$			
33d.	List other secured debts:								
	Name of each creditor for othe secured debt	Identify proper secures the de		includ	payment e taxes urance?				
	Community Bank NA	377 East M	lain St	_	No Yes	\$	3450		
	New York State	377 East M	lain St	_	No Yes	\$	102.08		
	Capital One	477 East M	lain St	_	No Yes	+ \$	27.48		
33e. To	otal average monthly payment.	Add lines 33a through 33	d			\$	3879.56	Copy total	\$ 3879.56
or oth	ny debts that you listed in line her property necessary for you o. Go to line 35. es. State any amount that you n listed in line 33, to keep pos Next, divide by 60 and fill in	ur support or the support nust pay to a creditor, in session of your property	ort of your o	dependen	ts?				
	Name of the creditor	Identify property that secures the debt	Total cu amount			Monthly amount			
		-	\$	÷	60 =	\$			
		·	\$	+	60 =	\$			
		7	\$	÷	60 =	+ \$			
				7	otal	\$		Copy total here	\$
that a	ou owe any priority claims su are past due as of the filing da	ch as a priority tax, chil te of your bankruptcy	d support, case? 11 U.S	or alimon S.C. § 507	y –				
	Go to line 36. es. Fill in the total amount of all ongoing priority claims, such			le current	or				
	Total amount of all past-due	e priority claims				_{\$} 38	3732.18	÷ 60 =	\$ 628.87

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Debtor 1

David William Ewing

First Name Middle Name Last Name

Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances	
Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Frustees (for all other districs). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy derk's office. Average monthly administrative expense if you were filing under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. Copy line 32, All of the expenses allowed under IRS expense allowances Copy line 32, All of the expenses deductions. Copy line 37, All of the deductions for debt payment. + \$ 4706.8 Total deductions Total deductions Total deductions Determine Whether There Is a Presumption of Abuse Part 3: Determine Whether There Is a Presumption of Abuse 3a. Copy line 4, adjusted current monthly income \$ 5212.92 3b. Copy line 38, Total deductions	
Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense if you were filing under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS Expense allowances. Copy line 37, All of the deductions for debt payment. Total deductions Total deductions Total deductions for debt payment. + \$ 4706.8 Total deductions Total deductions Total deductions \$ 10474.49 Copy total here \$	
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense if you were filing under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36. Copy line 38. Add all of the allowed deductions. Copy line 24. All of the expenses allowed under IRS expense allowances. Copy line 37, All of the deductions for debt payment. Total Deductions \$ 5767.69 expense allowances. Copy line 37, All of the deductions for debt payment. + \$ 4706.8 Total deductions Total deductions Total deductions Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 30a. Copy line 38, Total deductions. - \$ 10474.49 30c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a. For the next 60 months (5 years). X 4.4 4.4 4.4 4.4 4.4 4.4 4.4	
Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Average monthly administrative expense if you were filling under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36. Total Deductions from Income 38. Add all of the expenses allowed under IRS expense allowances	
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankrupticy clark's office. Average monthly administrative expense if you were filing under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36	
Average monthly administrative expense if you were filing under Chapter 13 37. Add all of the deductions for debt payment. Add lines 33e through 36. Copy line 24, All of the expenses allowed under IRS expense allowances. Copy line 32, All of the additional expense deductions. Copy line 37, All of the deductions for debt payment. Total deductions Total deductions Total deductions Total deductions Total deductions Total deductions S 10474.49 Copy total here S Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income \$ 5212.92 39b. Copy line 38, Total deductions - \$ 10474.49 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). S Subtract line 39b from line 39a. For the next 60 months (5 years)	
Total Deductions from Income 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances	198.3
38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS expense allowances	706.80
Copy line 24, All of the expenses allowed under IRS expense allowances	
Copy line 32, All of the additional expense deductions	
Copy line 37, All of the deductions for debt payment	
Total deductions \$\frac{10474.49}{} Copy total here \$\frac{1}{3} Copy total here \$	
Part 3: Determine Whether There Is a Presumption of Abuse 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income \$ 5212.92 39b. Copy line 38, Total deductions \$ 10474.49 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$ -5261.57 Subtract line 39b from line 39a. For the next 60 months (5 years)	
39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income \$ 5212.92 39b. Copy line 38, Total deductions \$ 10474.49 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$ -5261.57 Subtract line 39b from line 39a.	10474.4
39a. Copy line 4, adjusted current monthly income \$ 5212.92 39b. Copy line 38, Total deductions \$ 10474.49 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$ -5261.57 Subtract line 39b from line 39a.	
39b. Copy line 38, <i>Total deductions</i>	
39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). \$5261.57 Subtract line 39b from line 39a.	
Subtract line 39b from line 39a. For the next 60 months (5 years)	
315694 20 Copy	
39d. Total . Multiply line 39c by 60	
	315694,20
40. Find out whether there is a presumption of abuse. Check the box that applies:	
The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.	
☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.	
☐ The line 39d is at least \$7,700*, but not more than \$12,850*. Go to line 41.	
* Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.	

Cas Debtor 1	se 19-20028- David William	-	Doc 14 I			Entered 01/17/ ge 61 of 71	19 16:33:59 (Hanown) 19-20028-0		Main
	First Name Middl	e Name	Last Name		-	Case number (i known)		
41. 41a.	Fill in the amount Summary of Your A (Official Form 1068	Assets and	Liabilities an	d Certain Statistica	al Inform	u filled out A nation Schedules	··· \$ x .25		
41b	Multiply line 41a by					(2)(A)(i)(I).	. \$	Copy here	\$
is er	ermine whether the nough to pay 25% o ck the box that applie	of your uns			ting all	allowed deductions			
	L ine 39d is less tha Go to Part 5.	n line 41b.	On the top of	of page 1 of this for	m, chec	k box 1, There is no pres	sumption of abuse.		

Part 4: Give Details About Special Circumstances

43. Do you have any special circumstances that justify additional expenses or adjustme reasonable alternative? 11 U.S.C. § $707(b)(2)(B)$.	ents of current monthly income for which there is no
☐ No. Go to Part 5.	
Yes. Fill in the following information. All figures should reflect your average monthly exfor each item. You may include expenses you listed in line 25.	spense or income adjustment
You must give a detailed explanation of the special circumstances that make the adjustments necessary and reasonable. You must also give your case trustee documents or income adjustments.	
Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
	\$
	\$

Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, There is a presumption

of abuse. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

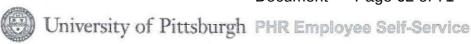
Signature of Debtor 1

Signature of Debtor 2

Date OI 16 2019 MM/DD /YYYY

Date _____

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Home Logaut Preferences

Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

31-DEC-2018 - \$4,012.54 ▼

Name		SSN	Emp#	Deposit Date	Deposit Amount	
Ewing, David Willi	am	XXX-XX-6197 17		12/31/2018	\$4,012.54	
Address:	1323 Ludwick	Street, Pittsb	urgh, PA 15217			
Tax Filing Status		Federal /	Allowances	Additional FIT An	nount	Base Salary
Single			0	\$0.00		\$5,934.50
WALLEST THE SOUTH THE SOUT	Earning	S		Pre-1		
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date
Salary	157.5	5934.50	36155.40	Retirement Pre Tax	178.04	178.04
6 Wk Session Pay	75.362.43	0.00	6000.00	Panther Gold	76.00	906.00
o micocolon ray		0.00	0000.00	Dental	19.83	237.96
Tax	able Fringe	Benefits				
Description	Amo		Year to Date		Tax Deductions	
•	323333	e Romanija		Description	Amount	Year to Date
	Tax Inform	ation		Invol Refund	0.00	-3359.74
Description		Amount	Year to Date	Tax Levy	0.00	3359.74
Federal Inc Tax		839.13	5275.41			
FICA	362.00		2542.71	Univers	ity Contributions	
SIT - PA	179.25		1259.06	Description	Amount	Year to Date
PITTSBURGH Sch	116.77		820.20	Gold ER	452.00	5370.00
Medicare		84.66	594.67	SS	362.00	2542.71
Pittsburgh City		58.39	410.14	Retirement Pre Tax ER		178.04
Pittsburgh Occ		4.33	43.30	Medicare	84.66	594.67
SUI - PA	3.56		25.29	Long Term Disability	18.10	72.40
001 170		0.00	20.20	Basic Life	10.75	43.00
	Summa	nv.		Basic ADD	0.75	3.00
Description	Gaillia	Current	Year to Date			
Earnings		5934.50	42155.40			
Pre-Tax Deductions		273.87	1322.00			
Tax Information		1648.09	10970.78			
After-Tax Deductions		0.00	0.00			
Deposit Amount		4012.54	29862.62			
Message						
			Daniel T. F.			
Financial Institution	n Tr	ansit Code	Deposit Informatio Account Numbe		Deposit Amou	nt
CITIZENS BANK		36076150	*****7256	Checking	\$4.012.54	

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

Home Logout Preferences

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University of Pittsburgh PHR Employee Self-Service

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

30-NOV-2018 - \$4,150.12 ▼

Name		SSN Emp#		Deposit Date	Deposit Amount		
Ewing, David Wi	lliam	XXX-XX-6	197 177993	11/30/2018	\$4,150.12		
Address:	4323 Ludwick	Street, Pittsb	ourgh, PA 15217		111111111111111111111111111111111111111		
Tax Filing Statu	ıs	Federal	Allowances	Additional FIT A	Additional FIT Amount		
Single			0	\$0.00		Base Salary \$5,934.50	
	Earning	IS		Pre	-Tax Deductions		
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date	
Salary	165.0	5934.50	30220.90	Panther Gold	78.00	830.00	
6 Wk Session Pay		0.00	6000.00	Dental	19.83	218.13	
				After	r-Tax Deductions		
	xable Fringe			Description	Amount	Year to Date	
Description	Amount		Year to Date	Invol Refund	0.00	-3359.74	
				Tax Levy	0.00	3359.74	
	Tax Inform	ation		Tax Levy	0.00	3333.14	
Description	Amount		Year to Date	II In Farm	maits Cambrilladiana		
Federal Inc Tax	877.86		4436.28		rsity Contributions	Year to Date	
FICA	361.87		2180.71	Description	Amount 470.00	4918.00	
SIT - PA	179.19		1079.81	Gold ER SS	361.87	2180.71	
PITTSBURGH Sch	116.73		703.43			110000000000000000000000000000000000000	
Medicare	84.64		510.01	Medicare	84.64	510.01	
Pittsburgh City		58.37	351.75	Long Term Disability	18.10	54.30	
Pittsburgh Occ		4.33	38.97	Basic Life	10.75	32.25 2.25	
SUI - PA		3.56	21.73	Basic ADD	0.75	2.23	
	Summai	rv					
Description		Current	Year to Date				
Earnings		5934.50	36220.90				
Pre-Tax Deductions		97.83	1048.13				
Tax Information		1686.55	9322.69				
After-Tax Deductions		0.00	0.00				
Deposit Amount		4150.12	25850.08				
Message							
Financial Institut	ion Tra	ansit Code	Deposit Information Account Number		Deposit Amou	nt	
CITIZENS BANK	< 0	36076150	*****7256	Checking	\$4,150,12		

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

31-OCT-2018 - \$3,359.74 ▼

Name		SSN	Emp#	Deposit Date	Deposit Amount		
Ewing, David William		XXX-XX-6197 177993		10/31/2018	\$3,359.74		
Address: 432	3 Ludwick St	reet, Pittsbur	gh, PA 15217				
Tax Filing Status		Federal All	owances	Additional FIT Amount		Base Salary	
Single		0		\$0.00		\$5,934.50	
	Earnings			Pre-	Tax Deductions		
Description		Amount	Year to Date	Description	Amount	Year to Date	
Salary		0.00	24286.40	Panther Gold	0.00	752.00	
6 Wk Session Pay		0.00	6000.00	Dental	0.00	198.30	
		c.		After	-Tax Deductions		
	le Fringe Be		V D .	Description	Amount	Year to Date	
Description	Amour	ıt	Year to Date	Invol Refund	-3359.74	-3359.74	
_				Tax Levy	0.00	3359.74	
	x Informati		V4- B 4	ACCEPTATION OF	- New (5072)		
Description Today Today					Year to Date	Univer	
Federal Inc Tax		0.00	3558.42	Description	Amount	Year to Date	
FICA		0.00	1818.84	Gold ER	0.00	4448.00	
SIT - PA		0.00	900.62	SS	0.00	1818.84	
PITTSBURGH Sch		0.00	586.70	Medicare	0.00	425.37	
Medicare		0.00	425.37	Long Term Disability	0.00	36.20	
Pittsburgh City		0.00	293.38	Basic Life	0.00	21.50	
Pittsburgh Occ		0.00	34.64	Basic ADD	0.00	1.50	
SUI - PA		0.00	18.17	Basic / IBB	0.00	11.5.5	
	Summary						
Description	C	urrent	Year to Date				
Earnings		0.00	30286.40				
Pre-Tax Deductions		0.00	950.30				
Tax Information		0.00	7636.14				
After-Tax Deductions	-33	359.74	0.00				
Deposit Amount	3:	359.74	21699.96				
Message							
		r	eposit Information				
Financial Institution	Trans	sit Code	Account Number	Account Type	Deposit Amou	nt	
CITIZENS BANK		076150	*****7256	Checking	\$3.359.74		

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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University of Pittsburgh PHR Employee Self-Service

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

31-OCT-2018 - \$791.67 ▼

Name		SSN Emp#		Deposit Date	Deposit Amount	
Ewing, David Willia	am	XXX-XX-6	177993	10/31/2018	\$791.67	
Address: 4	323 Ludwick	Street, Pittsk	ourgh, PA 15217			, all and a second seco
Tax Filing Status			Allowances	Additional FIT	Amount	Base Salary
Single			0	\$0.00		\$5,934.50
	Earning	IS		Pr	e-Tax Deductions	
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date
Salary	172.5	5934.50	24286.40	Panther Gold	76.00	752.00
6 Wk Session Pay		0.00	6000.00	Dental	19.83	198.30
				A 69-	er-Tax Deductions	
	able Fringe			Description	Amount	Year to Date
Description	Amo	ount	Year to Date	Tax Levy	3359.74	3359.74
	Tax Inform	ation				
Description Amount			Year to Date		ersity Contributions	
Federal Inc Tax		878.30	3558.42	Description	Amount	Year to Date
FICA	362.00		1818.84	Gold ER	452.00	4448.00
SIT - PA	179.25		900.62	SS	362.00	1818.84
PITTSBURGH Sch	116.77		586.70	Medicare	84.66	425.37
Medicare	84.66		425.37	Long Term Disability		36.20
Pittsburgh City		58.39	293.38	Basic Life	10.75	21.50
Pittsburgh Occ		4.33	34.64	Basic ADD	0.75	1.50
SUI - PA		3.56	18.17			
	Summa	70.7				
Description	Summa	Current	Year to Date			
Earnings		5934.50	30286.40			
Pre-Tax Deductions		95.83	950.30			
Tax Information		1687.26	7636.14			
After-Tax Deductions		3359.74	3359.74			
Deposit Amount		791.67	18340.22			
Message						
		Over State of the	Deposit Information			
Financial Institutio		ansit Code	Account Number			nt
CITIZENS BANK	0	36076150	*****7256	Checking	\$791.67	

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

28-SEP-2018 - \$4,151.41

Name		SSN Emp#		Deposit Date	Deposit Amount	
Ewing, David Willia	am	XXX-XX-6	197 177993	09/28/2018	\$4,151.41	
Address: 4	323 Ludwick	Street, Pittsk	ourgh, PA 15217			
Tax Filing Status			Allowances	Additional FIT A	mount	Base Salary
Single			0	\$0.00		\$5,934.50
- V	Earning	IS		Pre		
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date
Salary	150.0	5934.50	18351.90	Panther Gold	76.00	676.00
6 Wk Session Pay	100.0	0.00	6000.00	Dental	19.83	178.47
				2500	r-Tax Deductions	
Tax	able Fringe	Benefits		Description	Amount	Year to Date
Description	Amo	ount	Year to Date	Description	Amount	real to Date
	Tax Inform	ation		Unive	rsity Contributions	
Description	Amount		Year to Date	Description	Amount	Year to Date
Federal Inc Tax		878.30	2680.12	Gold ER	452.00	3996.00
FICA	362.00		1456.84	SS	362.00	1456.84
SIT - PA 179.25			721.37	Medicare	84.66	340.71
PITTSBURGH Sch			469.93	Long Term Disability	18.10	18.10
				Basic Life	10.75	10.75
Medicare		84.66	340.71	Basic ADD	0.75	0.75
Pittsburgh City		58.39	234.99 30.31			
Pittsburgh Occ		4.33				
SUI - PA		3.56	14.61			
	Summa	ry				
Description		Current	Year to Date			
Earnings		5934.50	24351.90			
Pre-Tax Deductions		95.83	854.47			
Tax Information		1687.26	5948.88			
After-Tax Deductions		0.00	0.00			
Deposit Amount		4151.41	17548.55			
Message						
			Donasit Information			
Financial Institutio	n Te	ansit Code	Deposit Information Account Number		Deposit Amou	nt
CITIZENS BANK		36076150	*****7256	Checking	\$4,151.41	55 E)
CITIZENS BANK	U	30070130	1230	Checking	ψ+, 101.41	

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

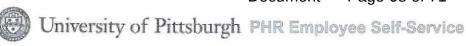
Select a Pay Statement: 31-JUL-2018 - \$2,275.14

Name	SSN Emp#		Deposit Date	Deposit Amour	nt
Ewing, David William	XXX-XX-6	197 177993	07/31/2018	\$2,275.14	
Address: 4323 L	udwick Street, Pittsb	urgh, PA 15217			
Tax Filing Status	Federal A	Allowances	Additional FIT	Amount	Base Salary
Single		0			\$0.00
E	arnings		Pr	e-Tax Deductions	
Description F	lours Amount	Year to Date	Description	Amount	Year to Date
6 Wk Session Pay	3000.00	6000.00	Panther Gold	0.00	600.00
Salary	0.00	12417.40	Dental	0.00	158.64
Tavahla	Fringe Benefits		Aft	er-Tax Deductions	
Description	Amount	Year to Date	Description	Amount	Year to Date
Tay I	Information		Univ	ersity Contributions	ş
Description	Amount	Year to Date	Description	Amount	Year to Date
Federal Inc Tax	307.13	1801.82	SS	186.00	1094.84
FICA	186.00	1094.84	Medicare	43.50	256.05
SIT - PA	92.10	542.12	Gold ER	0.00	3544.00
PITTSBURGH Sch	60.00	353.16			
Medicare	43.50	256.05			
Pittsburgh City	30.00	176.60			
Pittsburgh Occ	4.33	25.98			
SUI - PA	1.80	11.05			
S	ummary				
Description	Current	Year to Date			
Earnings	3000.00	18417.40			
Pre-Tax Deductions	0.00	758.64			
Tax Information	724.86	4261.62			
After-Tax Deductions	0.00	0.00			
Deposit Amount	2275.14	13397.14			
Message					
		Daniel T. Commercia	-		
Financial Institution	Transit Code	Deposit Information Account Number		Deposit Amo	unt
i illaticiai ilistitution	mansit code	*******2537	Account Type	Deposit Aillo	wii.

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ♥

Select a Pay Statement:

29-JUN-2018 - \$2,275.14 ▼

Name		SSN	Emp#	Deposit Date	Deposit Amou	nt	
Ewing, David Willia	am	XXX-XX-6	197 177993	06/29/2018	\$2,275.14		
Address: 4	323 Ludwick	Street, Pittsb	urgh, PA 15217				
Tax Filing Status		Federal /	Allowances	Additional FIT	Amount	Base Salary	
Single		0		\$0.00		\$0.00	
A STATE OF THE STA	Earning	Earnings		Pr	Pre-Tax Deductions		
Description	Hours	Amount	Year to Date	Description	Amount	Year to Date	
6 Wk Session Pay		3000.00	3000.00	Panther Gold	0.00	600.00	
Salary		0.00	12417.40	Dental	0.00	158.64	
Tav	able Fringe	Ronofite		Aft	er-Tax Deductions		
Description		ount	Year to Date	Description	Amount	Year to Date	
90 F				Univ	ersity Contribution	S	
Description	Tax Information		Year to Date	Description	Amount	Year to Date	
Federal Inc Tax		307.13	1494.69	SS	186.00	908.84	
FICA		186.00	908.84	Medicare	43.50	212.55	
SIT - PA	92.10		450.02	Gold ER	0.00	3544.00	
PITTSBURGH Sch	92.10 60.00		293.16				
Medicare	43.50		212.55				
Pittsburgh City		30.00	146.60				
Pittsburgh Occ		4.33	21.65				
SUI - PA		1.80	9.25				
	Summa	rv					
Description	Odiffilia	Current	Year to Date				
Earnings		3000.00	15417.40				
Pre-Tax Deductions		0.00	758.64				
Tax Information		724.86	3536.76				
After-Tax Deductions		0.00	0.00				
Deposit Amount		2275.14	11122.00				
Message							
			D				
Financial Institutio	" т.	ansit Code	Deposit Informati Account Numb		Deposit Amo	ount	
KEYBANK		41001039	*******2537	Checking	\$2,275.14		
VE I DAIN	U	41001039	2331	Checking	ΨZ,Z1 J. 1"		

Descriptions of earnings, deductions and taxes are available under the Pay and Taxes section for each Role at http://payroll.pitt.edu. Contact your supervisor if you discover any pay discrepancies.

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Pay Statement

Pay Statement Selection

Select a Year:

2018 ▼

Select a Pay Statement:

30-APR-2018 - \$2,211.72

Name		SSN		Emp#	Deposit Date	Deposit Amount	
Ewing, David V	Villiam	XXX-XX-6197 177993		177993	04/30/2018	\$2,211.72	
Address:	4323 Lud	wick Street, Pittsb	urgh, PA	15217			
Tax Filing Sta	tus	Federal A	Allowance	es	Additional FI	Base Salary	
Single			0		\$0.0	\$3,104.35	
	Earr	ings			I I	Pre-Tax Deductions	MINO - 100H 0010 MIO - 100H
Description	The state of the s		Year t	o Date	Description	Amount	Year to Date
Salary	157.5	3104.35	12	417.40	Panther Gold	150.00	600.00
,	2.5 (4.5.7)		377		Dental	39.66	158.64
7	Taxable Fri	nge Benefits					
Description		Amount Year to Date		o Date	A	fter-Tax Deductions	
		7.11104111			Description	Amount	Year to Date
	Tax Info	rmation					
Description		Amount	Year t	o Date		iversity Contributions	
Federal Inc Tax			1	187.56	Description	Amount	Year to Date
FICA		180.71		722.84	Gold ER	886.00	3544.00
SIT - PA		89.48		357.92	SS	180.71	722.84
PITTSBURGH Sch		58.29		233.16	Medicare	42.26	169.05
Medicare		42.26		169.05			
Pittsburgh City		29.15		116.60			
Pittsburgh Occ		4.33		17.32			
SUI - PA		1.86		7.45			
	Sum	100 TO 100 F					
Description	Sum	Current	Year t	o Date			
Earnings		3104.35	100000000000000000000000000000000000000	417.40			
Pre-Tax Deductions		189.66	100	758.64			
Tax Information		702.97		811.90			
After-Tax Deductions		0.00	-	0.00			
Deposit Amount		2211.72	8	846.86			
Message Updates to the federa	Lincome tay	withholding tables	s for 2018	are now in			
effect for all employee							
these changes on our				33			
https://payroll.pitt.edu/		orm-regulations/					
			Deposit	Information			
Financial Institu	ution	Transit Code		ount Number	Account Typ		nt
KEYBANK		041001039	*:	******2537	Checking	\$2,211.72	

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court

			Western	District Of _	Pennsylvania	_	
In	re	David William Ewing	3,		Case No.	19-20028-JLT 7	
Debtor					Chapter _	7	
		DISCLO	SURE OF COMP	PENSATION OF	ATTORNEY FO	OR DEBTOR	
1.	nan ban	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) contemplation of or in connection with the bankruptcy case is as follows:					
	For	· legal services, I have	agreed to accept.			\$1,000.00	
	Pric	or to the filing of this	statement I have re	eceived		\$ 1,000.00	
	Bal	ance Due				\$0	
2.	The	e source of the compe	nsation paid to me	was:			
		X Debtor	Other (specify)			
3.	The source of compensation to be paid to me is:						
		No Debtor	Other (specify)			
4.	I have not agreed to share the above-disclosed compensation with any other person unl members and associates of my law firm.					y other person unless they are	
			es of my law firm.	A copy of the agr		person or persons who are not with a list of the names of the	
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	a.	Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;					
	b.	Preparation and filin	g of any petition,	schedules, stateme	nts of affairs and	plan which may be required;	
	c.	Representation of th hearings thereof;	e debtor at the mee	eting of creditors a	nd confirmation	hearing, and any adjourned	

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B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Fee does not include the court filing fee.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Signature of Attorney

Law Offices of P. William Bercik

Name of law firm